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PROGNOSIS OF ANGINA PECTORIS

OBSERVATIONS IN 6,882 CASES

William J. Block Jr., M.D., Edgar L. Crumpacker, M.D., Thomas J. Dry, M.D.
and
Robert P. Gage, M.S., Rochester, Minn.

In 1946, Parker and co-workers [1] reported observations on 3,440 patients with angina pectoris seen at Mayo Clinic from Jan. 1, 1927, through Dec. 31, 1936. Their report dealt essentially with survival rates. Because of the wide interest evoked by that report, we are reporting further follow-up studies on these patients and observations on an additional 3,442 patients with angina pectoris seen at this clinic during the subsequent 8 years, the minimal follow-up period being 5 years.

There have been few reports of long term observations on large groups of patients with angina pectoris. Some reports have included only those patients dead at the time of the report. In 1910, Herrick and Nuzum [2] reported on 200 patients. One fourth of these were dead, the disease having lasted on the average slightly less than 3 years. No follow-up information on the living patients was reported. Mackenzie [3] observed 380 patients with angina pectoris, 214 of whom had died at the time of his report. The average duration of the disease to the time of death was 5.4 years, and no follow-up information on the living patients was reported.

White [4] has published a series of observations on patients with angina pectoris. In 1926, he reported on 200 patients observed from 1920 to 1926. Sixty-six of these were dead, and the average survival time after onset of the disease was 3.4 years. In the 134 patients living, 4.6 years was the average duration of the disease. The mean duration of the disease for the living and the dead patients was 4.2 years. White and Bland [5] reported further on these 200 patients and added 300 more to bring the total to 500. Two hundred thirteen of these patients were dead, the average survival time being 4.4 years. For 273 living patients who were traced, the average duration was 5.1 years. Fourteen patients were not traced. The average duration of the disease in all patients was 4.9 years. White, Bland, and Miskall [6] reported again on these same 500 patients. By the time of the report, 445 were dead, with an average survival time of 7.9 years. The 55 living patients had survived an average of 18.4 years. The average survival time for all patients in this group was 9 years at the time of the report.

In 1934, Eppinger and Levine [7] studied 141 fatal cases and found the average duration of life after onset of the disease to be 4.6 years. Wedd and Smith,[8] in 1935, reported on 166 fatal cases of effort angina and found the average longevity after onset of symptoms to be 5.8 years. In the 3,440 cases on which Parker and co-workers [1] reported observations in 1946, it was found that the highest mortality (18%) occurred in the first year following the diagnosis of angina pectoris; 27% of the patients were dead at the end of the second year, and thereafter about 10% died each year. The average 5 year survival rate was 53.2%.

Recently, Sigler [9] reported studies on 1,700 cases of angina pectoris and coronary thrombosis. The observations were made over a 25 year period. The average

Fellows in Medicine, Mayo Foundation, University of Minnesota (Drs. Block and Crumpacker); Division of Medicine (Dr. Dry) and Division of Biometry and Medical Statistics (Mr. Gage), Mayo Clinic.

1. Parker, R. L.; Dry, T. J.; Willius, F. A., and Gage, R. P.: Life Expectancy in Angina Pectoris, J. A. M. A. **131**: 95-100 (May 11) 1946.
2. Herrick, J. B., and Nuzum, F. R.: Angina Pectoris: Clinical Experience with 200 Cases, J. A. M. A. **70**: 67-70 (Jan. 12) 1918.
3. Mackenzie, J.: Angina Pectoris, London, Henry Frowde and Hodder & Stoughton, 1923.
4. White, P. D.: Prognosis of Angina Pectoris and of Coronary Thrombosis, J. A. M. A. **87**: 1525-1530 (Nov. 6) 1926.
5. White, P. D., and Bland, E. F.: Further Report on the Prognosis of Angina Pectoris and of Coronary Thrombosis: Study of 500 Cases of Former Condition and of 200 Cases of Latter, Am. Heart J. **7**: 1-14 (Oct.) 1931.
6. White, P. D.; Bland, E. F., and Miskall, E. W.: Prognosis of Angina Pectoris: Long Time Follow-up of 497 Cases, Including Note on 75 Additional Cases of Angina Pectoris Decubitus, J. A. M. A. **123**: 801-804 (Nov. 27) 1943.
7. Eppinger, E. C., and Levine, S. A.: Angina Pectoris: Some Clinical Considerations, With Special Reference to Prognosis, Arch. Int. Med. **53**: 120-130 (Jan.) 1934.
8. Wedd, A. M., and Smith, R. E.: Observations on Prognosis of Angina Pectoris, Am. J. M. Sc. **189**: 690-696 (May) 1935.
9. Sigler, L. H.: Prognosis of Angina Pectoris and Coronary Occlusion: Follow-up of 1,700 Cases, J. A. M. A. **146**: 998-1004 (July 14) 1951.

length of survival of the 679 patients who died was about 4.6 years. In this group the percentage of patients still living at the end of 5 years was 32.8 for males and 34.5 for females. About 10% of patients of each sex survived for 10 years. Of the 1,021 patients still living, the average length of survival was about 5.5 years. The percentage of patients living at the end of 5 years was 54.6 for males and 46.1 for females; at the end of 10 years about 15% of patients of each sex were still living. Zoll, Wessler, and Blumgart [10] reported studies on 177 fatal cases of angina pectoris. Their series included patients with heart disease of varying etiological types, including valvular defects, in which angina pectoris was a symptom. The average duration of life after onset of angina pectoris was 4.1 years.

It is apparent that two of the largest [11] series reveal that life expectation for patients with angina pectoris is longer than was formerly believed. It is significant that the cases in these two studies were limited to what clinically appeared to be coronary atherosclerosis, cases of valvular disease having been excluded. Our report includes follow-up studies of one of these series [1] and initial observations on all patients with angina pectoris not associated with valvular disease seen at the Mayo Clinic during the subsequent 8 years, namely, Jan. 1, 1937, to Dec. 31, 1944.

TABLE 1.—*Age and Sex Distribution of Patients at Time of Diagnosis of Angina Pectoris at Mayo Clinic*

	Total		Males		Females	
Age, Yr.*	No.	%	No.	%	No.	%
Under 40	141	2.0	118	83.7	23	16.3
40-49	1,098	16.0	946	86.2	152	13.8
50-59	2,447	35.6	1,981	81.0	466	19.0
60-69	2,436	35.4	1,890	77.6	546	22.4
70-79	717	10.4	559	78.0	158	22.0
80 and over	43	0.6	33	76.7	10	23.3
Total	6,882	100	5,527	80.3	1,355	19.7
Mean age, yr.	58.8		58.5		60.1	

* The youngest patient was 28 years of age, and the oldest was 92.

TABLE 2.—*Duration of Angina Pectoris Prior to Time of Diagnosis at Mayo Clinic*

	Total Patients		No. of Males	No. of Females
Duration, Yr.	No.	%		
0- 1	2,371	36.6	1,989	382
1- 2	1,321	20.4	1,051	270
2- 3	949	14.7	746	203
3- 4	597	9.2	477	120
4- 5	352	5.4	287	65
5- 6	289	4.5	225	64
6- 7	168	2.6	136	32
7- 8	107	1.7	87	20
8- 9	96	1.5	80	16
9-10	33	0.5	25	8
10+	189	2.9	145	44
Total *	6,472	100	5,248	1,224
Average duration	2.5 years			

* There were 410 patients (279 males, 131 females) for whom the duration of the disease was not stated.

METHOD OF STUDY

Follow-up studies were made on all patients in whom a diagnosis of angina pectoris associated with coronary sclerosis had been made at this clinic from Jan. 1, 1927, through Dec. 31, 1944. If the records did not contain adequate information regarding progress and survival the patients were traced by letter. In all, 6,882 patients formed the basis of this statistical study. For the most part, the direct method was used in the calculation of survival rates, but the actuarial method was employed in the construction of the survival curves. The actuarial method is the one of choice for determination of the survival curve for a series of patients. It is often desirable to compare only the 5 year or 10 year survival rates for specific groups, and in these instances the direct method is acceptable. A discussion of the differences, advantages, and disadvantages of these two methods is given elsewhere.[12]

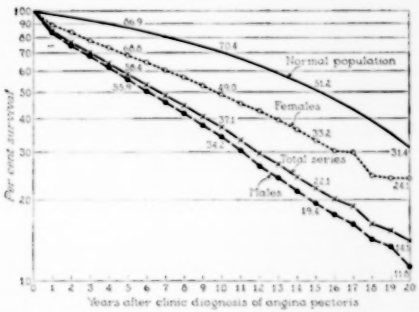

Fig. 1.—Survival curves (determined by actuarial method) of patients who had angina pectoris and of a normal population of the same age and sex constitution.

The data analyzed were compiled as of Jan. 1, 1950, allowing a minimal known survival period of at least 5 years for the patients still living. Factors that seemed important in the determination of survival rates were noted. These included the duration of symptoms of angina pectoris prior to the time the diagnosis was made at this clinic, the age and sex of the patient, the presence of hypertension and its severity, the presence or absence of cardiac enlargement, the presence of congestive heart failure, previous or subsequent myocardial infarction as determined clinically and by electrocardiographic studies, other significant electrocardiographic abnormalities, and associated pathological conditions.

RESULTS

Age and Sex Factors (table 1).—The average age at which the diagnosis was made for the entire group was 58.8 years. As noted in previous reports,[13] the mean age of the male group was lower, being 58.5 years, as compared to 60.1 years for the females. The youngest patient was 28 years of age, the oldest 92 years. Because of the

10. Zoll, P. M.; Wessler, S., and Blumgart, H. L.: Angina Pectoris: Clinical and Pathologic Correlation, Am. J. Med. **11**: 331-357 (Sept.) 1951.
11. Parker and others.[1] White and others.[9]
12. Berkson, J., and Gage, R. P.: Calculation of Survival Rates for Cancer, Proc. Staff Meet., Mayo Clin. **25**: 270-286 (May 24) 1950.
13. Parker and others.[1] Sigler.[7]

small number of patients whose ages were less than 30 years or more than 90 years, these patients were included with those of the fourth and ninth decades, respectively, as shown in table 1. Patients in the sixth and seventh decades of life comprised 71% of the total series. Most of the remainder were in the fifth decade (16%) and in the eighth decade (10.4%). The ratio of males to females for the entire series was roughly 4 to 1. As will be seen in table 1, this varied somewhat from decade to decade, from roughly 6 to 1 for patients in the fifth decade to roughly 3.5 to 1 for those in the seventh and eighth decades, indicating the well-known tendency for this disease to occur earlier in the male.

Duration of Symptoms Prior to Diagnosis at Mayo Clinic.—Table 2 shows the duration of symptoms of angina pectoris prior to the time the diagnosis was established at this clinic. To be noted is the fact that more than one third of the patients came within one year of the onset of their symptoms, and more than one-half came within two years. The average duration of angina pectoris prior to diagnosis at the clinic was 2.5 years. No appreciable difference was found between the two sexes.

Survival Rates.—Figure 1 shows the survival curves for the entire series as compared to the survival curve for a normal population of similar age and sex constitution. In addition, the survival curves for the male and female components of the total series are shown. A distinct difference between the angina pectoris group and the normal population is seen, the angina pectoris group having definitely lower survival rates. Figure 1 also shows the difference in the survival rates of males and females, the males having a less favorable prognosis. For the entire series, the greatest mortality rate, about 15%, occurred in the first year after the diagnosis was made. Although there is some variation in the mortality rate in the succeeding years, there tends to be a constant mortality rate of about 9% operating on the survivors. As shown in the figure, the mortality rate for the normal population is significantly less. The actuarial method of calculating survival rates was used in determing the survival curves in figure 1. Table 3 illustrates the method and gives the data used in obtaining the survival rates for the total series.

Five Year and Ten Year Survival Rates Among Patients of Different Age Groups.—Table 4 shows the 5 year and 10 year survival rates of patients of the different age groups, dating from the time diagnosis was established. The 5 year survival study is based on 5,766 traced patients, and the 10 year study is based on 3,882 traced patients. These survival rates are compared with survival rates adjusted for the normal death rate. This method of calculation of survival rates is known as the direct method.

The five year survival rate for the group of patients with angina pectoris is 57.8% as compared to the normal survival rate of 86.9%. The survival rate is highest in the younger age group and drops consistently with an increase in age, but this is consistent with normal survival rates. When the survival rates are adjusted for normal death rates, they are about the same in each decade. The 10 year survival rate is 33% as compared to the normal survival rate of 70.4%. Consistent with the five year survival studies, survival is highest in the youngest age group (46.5%), dropping progressively with increase of age. Again, when the rates are adjusted for normal death rates, the resulting survival rates are about equal. Thus it may be concluded that the effect of angina pectoris on survival is about the same in all age groups.

Factors Influencing Prognosis and Their Relation to Five Year and Ten Year Survival Rates.—The 5 year and 10 year survival rates for the total series obtained by the actuarial method (table 3) are 58.4% and 37.1%, respectively. These rates are higher than those obtained by the direct method. Survival rates calculated by the actuarial method are preferred, since more of the data are used in the calculations. For a better appreciation of this point the reader is referred to an article by Berkson and Gage.[12]

TABLE 3.—*Survival Rates of Patients with Angina Pectoris**

Interval Following Time of Diagnosis at Clinic, Yr.	Last Report		Total Persons Known to be Living at Beginning of Interval	Person Years of Exposure	Probability of Dying in Interval	Survival Rate, %
	Dead	Living				
0-1	908	..	5,945	5,945.0	0.1527	100.0
1-2	493	52	5,037	5,011.0	0.0984	84.7
2-3	364	39	4,492	4,472.5	0.0814	76.4
3-4	332	44	4,089	4,067.0	0.0816	70.2
4-5	295	36	3,693	3,675.0	0.0804	64.1
5-6	284	102	3,332	3,281.0	0.0866	58.4
6-7	246	143	2,946	2,874.5	0.0856	53.4
7-8	207	165	2,557	2,474.5	0.0837	48.8
8-9	182	242	2,185	2,064.0	0.0882	44.7
9-10	150	214	1,761	1,654.0	0.0907	40.8
10-11	133	165	1,397	1,314.5	0.1012	37.1
11-12	110	168	1,099	1,015.0	0.1084	33.3
12-13	69	103	821	769.5	0.0897	29.7
13-14	29	93	649	602.5	0.0479	27.0
14-15	43	78	497	458.0	0.0939	24.4
15-16	31	71	376	340.5	0.0910	22.1
16-17	15	40	274	254.0	0.0591	20.1
17-18	28	35	219	201.5	0.1390	18.9
18-19	8	27	156	142.5	0.0562	16.3
19-20	9	21	121	110.5	0.0814	15.4
20+	20	69	91	.....	.....	14.1

* There were 937 patients who were not traced and thus are not included in the calculations.

Some factors of importance in altering the prognosis of angina pectoris and the relation of these factors to the 5 year and 10 year survival rates are listed in table 5. These include cardiac enlargement as contrasted to absence of cardiac enlargement, hypertension, previous and subsequent myocardial infarction, and congestive heart failure. Roentgenographic evidence of enlargement was accepted in assessment of heart size; in the absence of such evidence, the heart was considered of normal size. Criteria for the diagnosis of hypertension was a diastolic pressure of more than 90 mm. Hg or, in the presence of a normal diastolic pressure, a systolic pressure consistently higher than 150 mm. Hg. Equivocal instances of hypertension were considered normotensive. In turn, when available, the fundus classification of hypertension of Keith, Wagener, and Barker [14] was recorded. Acceptance of previous or subsequent myocardial infarction de-

14. Keith, N. M.; Wagener, H. P., and Barker, N. W.: Some Different Types of Essential Hypertension: Their Course and Prognosis, Am. J. M. Sc. **197**: 332-343 (March) 1939.

pended on unequivocal observations at this clinic to support such a diagnosis or on necropsy evidence from elsewhere. The acceptance of diagnosis of congestive heart failure depended on diagnosis of that condition at this clinic.

Table 5 is otherwise self-explanatory. At the end of 5 years, about 64% of patients without cardiac enlargement were living as contrasted to approximately 41% of those with cardiac enlargement. As would be expected, survival rates for patients with hypertension varied with the severity of the hypertension, the rates being higher for those with mild hypertension and lower for those with severe hypertension. Five year survival rates for patients with previous and subsequent myocardial infarction were about 46% and 41%, respectively. As expected, the five year survival rate of patients with congestive failure associated with angina pectoris was low (about 20%). The influence of the factors mentioned on 10 year survival rates was essentially the same as on 5 year rates. Approximately 39% of patients with no demonstrable cardiac enlargement were living after 10 years, while only about 20% of patients with cardiac enlargement were living after 10 years. Survival rates related to hypertension, myocardial infarction, and congestive failure are shown in table 5.

Relation of Electrocardiographic Changes to Survial Rates.—Inasmuch as these studies involve the period from 1927 through 1944, the standard limb leads and, when available, one precordial lead are all that are included in this study. Unipolar precordial and limb leads were not done routinely at this clinic during that time interval. The patients included were those with essentially normal electrocardiograms, those with significant T wave negativity or Q wave changes or both, and those with conduction disorders. Table 6 shows the relation of electrocardiographic classification to the 5 year and 10 year survival rates of patients with angina pectoris. The better prognosis of the group with essentially normal electrocardiograms can be seen. About 73% of this group were alive at the end of 5 years, and 50% were alive at the end of 10 years. Patients with left axis deviation fared only slightly worse, about 72% surviving after 5 years and 45% after 10 years. Patients with group 2 or group 3 hypertension fared much worse, as shown in table 5. The detailed breakdown of the cases in relation to the electrocardiographic findings is shown in table 6. On the basis of electrocardiographic classification, the patients showing the least favorable prognosis in five year survival studies were those with complete heart block, auricular fibrillation, and inversion of waves T_1

TABLE 4.—*Survival Rates of Patients with Angina Pectoris, According to Ages at Time of Diagnosis at Mayo Clinic* *

	No. of Patients Through 1944		Patients Who Lived 5 or More Years After Diagnosis at Clinic			No. of Patients Through 1939		Patients Who Lived 10 or More Years After Diagnosis at Clinic		
Age, Yr.	Total	Traced	No.	Survival Rate, % †	Survival Rate Adjusted for Normal Death Rate, %	Total	Traced	No.	Survival Rate, % †	Survival Rate Adjusted for Normal Death Rate, %
Under 40	141	112	74	66.1	67.9	89	71	33	46.5	49.6
40-49	1,098	905	610	65.2	68.6	718	599	256	43.1	48.6
50-59	2,447	2,067	1,260	61.0	68.0	1,674	1,370	509	37.2	47.8
60-69	2,436	2,046	1,134	55.4	69.4	1,704	1,416	411	29.0	51.0
70-79	717	572	245	42.8	72.2	507	403	66	16.4	61.7
80 and over	43	34	9	26.5	....	28	23	3	13.0	....
Total	6,882	5,766	3,332	57.8	66.5	4,720	3,882	1,280	33.0	46.9

* All data as of Jan. 1, 1950.
† Based on traced patients. The 5 year group is comprised of patients whose diagnosis of angina pectoris was made at this clinic 5 or more years prior to the time of inquiry, that is, in 1944 or earlier; the 10 year group is comprised of those patients whose angina was diagnosed in 1939 or earlier.

TABLE 5.—*Relation of Survival Rates to Factors Influencing Prognosis of Angina Pectoris* *

	No. of Patients Through 1944		Patients Who Lived 5 or More Years After Diagnosis at Clinic		No. of Patients Through 1939		Patients Who Lived 10 or More Years After Diagnosis at Clinic	
	Total	Traced	No.	Survival Rate, % †	Total	Traced	No.	Survival Rate, % †
Cardiac hypertrophy	1,882	1,619	671	41.4	1,479	1,261	249	19.7
No cardiac hypertrophy	5,000	4,147	2,661	64.2	3,241	2,621	1,031	39.3
Hypertension: Fundus classification								
Normal (without hypertension)	1,410	1,201	760	63.3	1,124	919	368	40.0
Group 1	1,397	1,155	707	61.2	962	751	241	32.1
Group 2	804	647	266	41.1	538	436	74	17.0
Group 3	121	102	22	21.6	85	75	1	1.3
Group 4	7	6	0	....	7	6	0	....
Choroidal sclerosis	255	220	105	47.7	185	160	36	22.5
Previous myocardial infarction	1,631	1,302	598	45.9	971	826	215	26.0
Subsequent myocardial infarction	238	204	84	41.2	159	150	34	22.7
Congestive heart failure	371	297	60	20.2	229	212	17	8.0

* All data as of Jan. 1, 1950.
† Based on traced patients. The 5 year group is comprised of patients whose diagnosis of angina pectoris was made at this clinic 5 or more years prior to the time of inquiry, that is, in 1944 or earlier; the 10 year group is comprised of those patients whose angina was diagnosed in 1939 or earlier.

and T_2. These conditions were also associated with the least favorable prognosis in 10 year survival studies, and, in addition, left bundle-branch block was a grave prognostic finding in 10 year survival studies.

The yearly survival rates for these patients, based on electrocardiographic classification, are illustrated graphically in figure 2. It is readily seen that the survival rates for patients with angina pectoris who had normal electrocardiograms are highest, although they are definitely lower than the rates for the normal population; survival rates for patients with changes in T and Q waves are next highest; and those for patients with conduction disorders are lowest. The steepest descent in all three survival curves is in the first year after diagnosis; then the curves tend to level off into a regular slope.

Associated Conditions.—The associated pathological conditions most frequently encountered in patients with angina pectoris are listed in table 7. Five year and 10 year survival rates have been calculated. Hypertension, which is not listed, has already been discussed. Interestingly enough, in this study, angina pectoris associated with obesity alone carries the best prognosis in 5 year survival studies, and this condition, along with angina associated with disease of the gallbladder, gives the most favorable prognosis in 10 year survival studies. Angina pectoris associated with carcinoma and diabetes mellitus gives the least favorable prognosis in both 5 year and 10 year survival studies. Thyroid diseases included adenomatous goiter without hyperthyroidism (61 cases), adenomatous goiter with hyperthyroidism (33 cases), exophthalmic goiter (37 cases), myxedema (26 cases), and colloid goiter (2 cases). The observation that patients who have obesity associated with angina pectoris have a better rather than a poorer prognosis than patients without obesity appears to be contradictory to the general observations of Dublin and Marks [15]; however, there may be involved here a selectivity of clinical patients that produces a spurious correlation.[16] It is planned to investigate this point further.

TABLE 6.—*Relation of Survival Rates to Electrocardiographic Classifications of Patients with Angina Pectoris* *

Electrocardiographic Classification	No. of Patients Through 1944		Patients Who Lived 5 or More Years After Diagnosis at Clinic		No. of Patients Through 1939		Patients Who Lived 10 or More Years After Diagnosis at Clinic	
	Total	Traced	No.	Survival Rate, % †	Total	Traced	No.	Survival Rate, % †
Normal	1,181	978	715	73.1	807	656	328	50.0
Left axis deviation	1,843	1,536	1,100	71.6	1,175	941	426	45.3
Inverted T_1	1,113	926	424	45.8	752	619	132	21.3
Inverted T_1 and T_2	518	423	123	29.1	341	303	32	10.6
Inverted T_2 and T_3	777	668	332	49.7	568	483	124	25.7
Inverted T_1, T_2, and T_3	354	291	101	34.7	240	198	31	15.7
Inverted T_3Q_3 or Q_3 alone	454	371	201	54.2	263	214	63	29.4
Left bundle-branch block	365	325	119	36.6	281	251	35	13.9
Right bundle-branch block	13	11	5	45.5	10	9	4	44.4
Wide S wave	101	89	47	52.8	71	61	18	29.5
Complete heart block	7	5	1	20.0	7	5	0	....
Delayed auriculoventricular conduction	123	110	39	35.5	91	82	14	17.1
Auricular fibrillation	101	89	24	27.0	84	74	10	13.5

* All data as of Jan. 1, 1950.
† Based on traced patients. The 5 year group is comprised of patients whose diagnosis of angina pectoris was made at this clinic 5 or more years prior to the time of inquiry, that is, in 1944 or earlier; the 10 year group is comprised of those patients whose angina was diagnosed in 1939 or earlier.

TABLE 7.—*Relation of Survival Rates to Pathological Conditions Associated with Angina Pectoris* *

Associated Condition	No. of Patients Through 1944		Patients Who Lived 5 or More Years After Diagnosis at Clinic		No. of Patients Through 1939		Patients Who Lived 10 or More Years After Diagnosis at Clinic	
	Total	Traced	No.	Survival Rate, % †	Total	Traced	No.	Survival Rate, % †
Obesity	466	377	264	70.0	339	250	111	44.4
Disease of gallbladder	236	191	131	68.6	150	126	56	44.4
Duodenal ulcer	207	167	106	63.5	111	85	28	32.9
Thyroid disease	159	137	75	54.7	111	94	35	37.2
Diabetes	324	274	126	46.0	222	197	42	21.3
Malignant neoplasm	241	208	87	41.8	164	141	24	17.0
Other	1,543	1,272	695	54.6	943	753	202	26.8
Total	3,176	2,626	1,484	56.5	2,021	1,646	498	30.3
No associated condition recorded	3,706	3,140	1,848	58.9	2,699	2,236	782	35.0
Total	6,882	5,766	3,332	57.8	4,720	3,882	1,280	33.0

* All data as of Jan. 1, 1950.
† Based on traced patients. The 5 year group is comprised of patients whose diagnosis of angina pectoris was made at this clinic 5 or more years prior to the time of inquiry, that is, in 1944 or earlier; the 10 year group is comprised of those patients whose angina was diagnosed in 1939 or earlier.

15. Dublin, L. I., and Marks, H. H.: Mortality Among Insured Overweights in Recent Years, New York, Recording & Statistical Corporation, 1952.

16. Berkson, J.: Limitations of Application of Fourfold Table Analysis to Hospital Data, Biometrics Bulletin **2**: 47-53 (June) 1946.

COMMENT

These observations on 6,882 patients with angina pectoris are in close agreement with those previously reported on 3,440 of these same patients. The period of observation of the original patients has been prolonged, and new patients have been added to more than double the total series. The age of the patients at the time of onset of angina pectoris is essentially unchanged. The age of patients at the time of diagnosis of angina pectoris nearly agrees with that of the previous report, being slightly lower. The mean age of the total series is 58.8 years compared to 59.1 years in the original report. The average ages of the male and female groups are unchanged, being 58.5 years and 60.1 years, respectively, as compared to 58.8 years and 60.2 years, respectively, in the previous report. The age distribution by decades is essentially the same. The ratio of males to females in the fifth decade, which was roughly 7 to 1 in the first report, is 6 to 1 in the total series; otherwise there is no significant change.

The survival rates of the total group and of both the

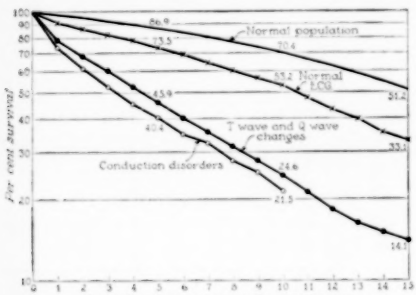

Fig. 2.—Survival curves (determined by actuarial method) of patients who had angina pectoris classified according to their electrocardiographic characteristics. The survival curve of a normal population is also shown.

male and female components show improvement over those of the first report. By the direct method of calculation the 5 year survival rate of the present series is 57.8% compared to 53.2% in the first report. The relation of this finding to the newer treatments for many diseases and to the tendency for the general population to live longer can be only matters for speculation. Ten year survival studies of factors that affect the prognosis are reported for the first time. The factors influencing prognosis, such as cardiac enlargement, hypertension, previous and subquent myocardial infarction, and congestive heart failure are essentially the same in the present series as in the initial series. This also holds true of the various electrocardiographic changes described.

SUMMARY

The survival rates for 6,882 patients who had angina pectoris associated with coronary sclerosis and who were examined at the Mayo Clinic over a period of 18 years have been determined. The minimal follow-up period was 5 years, and the maximal follow-up period was 23 years.

The average age at diagnosis of angina pectoris at this clinic was 58.8 years for the total series, 58.5 years for the males and 60.1 years for the females. The average duration of symptoms of angina pectoris prior to diagnosis at this clinic was 2.5 years. The ratio of males to females was roughly 4 to 1. This ratio was highest in the younger age groups, lowest in the older.

Survival studies showed that mortality was greatest in the first year (about 15%) and that it was approximately 9% per year thereafter. The survival curve for the entire series is decidedly lower than the curve for the normal population; the prognosis for the females was better than for the males. The five year survival rate for the entire series was 58.4% as compared to the rate of 86.9% for the normal population. The 10 year survival rate for the entire series was 37.1% as compared to the normal rate of 70.4%. A comparison of the 5 year and 10 year survival rates by age groups indicated a more favorable result for the younger ages; however, when the rates were adjusted for the normal death rate the values were about the same.

Factors such as cardiac enlargement, hypertension, myocardial infarction and congestive heart failure unfavorably influenced the prognosis. Electrocardiographic findings proved of some prognostic value. Those patients with angina pectoris and normal electrocardiograms as a group lived longest; those with significant alteration of T and Q waves had a less favorable prognosis; and those with conduction disorders had the least favorable prognosis. Survival rates associated with electrocardiographic changes are presented. Survival studies were done on patients with other conditions most commonly associated with angina pectoris in this study. These included obesity, disease of the gallbladder, duodenal ulcer, thyroid disease, diabetes mellitus, and carcinoma. Angina pectoris associated with obesity alone carried the most favorable prognosis, and angina pectoris associated with carcinoma and diabetes mellitus carried the least favorable outlook. The explanation for the more favorable prognosis in the obese group is not apparent at this time.

Heritage of Freedom.—Too often that which is inherited is abused, squandered, and lost. Not having been earned by the recipient, a heritage is sometimes neglected, treated with indifference, or traded for a mess of pottage. The franchise is basic to the structure and function of constitutional government and must be exercised if freedom is to endure. No serf has such a privilege, no neglectful citizen deserves it.

Physicians are exempted for practical reasons from the obligation of jury duty and service with volunteer fire companies, but no one is exempted for any reason short of incapacity or necessary absence from the obligation to exercise the franchise.

The physician who consistently fails to attend hospital staff meetings or who takes no active part in the affairs of his medical society is hardly in a good position to criticize either the hospital or the medical society. By failing to make his voice heard, he must share the blame for any faults, failures, or deficiencies.

Likewise, the physician who fails to register and vote is not in a good position to complain about corruption, taxes, or governmental policies which he finds obnoxious. By failing to fulfill one of the vital duties of citizenship, he must share the blame for any black spots in the affairs of the community, the state, or the nation.—The Heritage of Freedom, editorial, *New York State Journal of Medicine*, May 15, 1952.

RAPID DIAGNOSTIC TEST FOR MYASTHENIA GRAVIS

INCREASED MUSCLE STRENGTH, WITHOUT FASCICULATIONS, AFTER INTRAVENOUS ADMINISTRATION OF EDROPHONIUM (TENSILON®) CHLORIDE

Kermit E. Osserman, M.D.
and
Lawrence I. Kaplan, M.D., New York

The diagnosis of myasthenia gravis in the patient who demonstrates the classical signs and symptoms is comparatively simple. However, the very early case or one in which there are equivocal symptoms still defies the diagnostic acumen of the physician. This paper presents a review of the diagnostic methods in myasthenia gravis, with the description of a new clinical therapeutic test.

Since 1935, when Walker [1] first demonstrated the remarkable effects of neostigmine and Viets and Schwab [2] described its diagnostic use, the diagnosis of myasthenia gravis has been made with ever increasing frequency. Various mechanical and electrical investigative tests have also been used in the diagnosis of myasthenia gravis. To have a high degree of suspicion of the disease is always a most important factor in its diagnosis. When a history is taken, the proper questions can then be asked, with special reference to the onset of weakness, its relationship to time of day and effort. Complaints in occasional cases may reveal sensory disturbances that may precede or accompany the first manifestations of weakness, such as headache, pain in the eye, and numbness and tingling of the face, lips, tongue, or extremities.[3] The next step is a complete and thorough physical examination of the patient in a basal state (by basal state we mean, if the patient has been receiving neostigmine, treatment is stopped three to four hours after the last dose before examination is performed). Muscle functions must be examined carefully. This includes such tests as the measurement of the width of the palpebral fissure at rest, the measurement of the maximum fissure with the eye in upward gaze, the excursion of the ocular movements, the power of the masseters, and the strength of the limbs. All of the more important skeletal muscle groups are tested, with special attention to slight asymmetries in muscle power, which is characteristic of the myasthenic. The fatigability of muscles is then tested by reevaluation of strength after repeated use of the muscle, as in blinking the eyes, chewing, exhausting the voice by counting numbers, and rhythmic alternating movement of the limbs. A quantitative measurement of the ability to exhaust the neuromuscular function can be performed by the use of the hand dynmometer or ergograph,[4] which measures muscle grip.

The Jolly reaction is performed by stimulating an individual muscle with faradic current. A normal muscle will remain contracted for a minimum period of five minutes, whereas a myasthenic muscle will become exhausted in less than five minutes (usually in one or two).

More recently, electromyography [5] has been used in the study of myasthenia gravis. In the test for the presence of this disease, the usual technique consists of the insertion of a coaxial needle electrode into the hypothenar eminence. Recordings are taken on a cathode ray oscillograph. The ulnar nerve is then stimulated repeatedly for a period of two minutes. In the normal patient, the amplitude of the resultant action potential does not decrease during the two-minute interval. In the myasthenic, there is a gradual reduction in amplitude and at times, toward the end of stimulation, there is skipping of some action potentials. Use of the same method in other skeletal muscles, for example, the orbicularis oculi, has been described.[6] Grob,[7] using the electromyographic techniques, has pointed out that, in the myasthenic who receives intra-arterial injections of various agents such as neostigmine methylsulfate, tetraethyl pyrophosphate, or di-isopropyl fluorophosphate, there is an increase in strength of the treated extremity without fasciculations.[8] Normal controls show weakness or even paralysis in addition to fasciculations. As has been pointed out by many authors,[9] the onset of myasthenia gravis may not involve the muscles of the extremities, but may be confined to those innervated by the cranial nerves, especially the external ocular and periorbital muscles. In this instance, therefore, the Jolly test or the electromyogram may give no clue to the early diagnosis of this disease unless the involved areas are included in the test. In cases of dysphagia, the weakness of the pyriform muscles of the pharynx can be studied by fluoroscopic observation of a barium swallow.[10] However, when results of these tests are positive, they are conclusive for the diagnosis.

Whatever muscular movement is tested, there must be a return of power, at least in part, in all cases of myasthenia gravis after a period of rest. The preceding statement is equally true when a therapeutic test is performed. This is the essential nature of the disease, and the diagnosis should not be made without the presence of this feature.[11]

Biochemical tests, particularly of cholinesterase activity,[12] both true and pseudo, and acetylcholine [13] levels have been suggested as possible diagnostic tests for myasthenia gravis. Torda and Wolff [14] have conducted biochemical tests during in vitro studies that indicate deficiency for acetylcholine synthesis in the presence of serum or spinal fluid from myasthenic subjects. In our laboratory studies, in vivo cholinesterase and acetylcholine blood levels do not seem to show a difference between the normal controls and myasthenic patients. We are working on this problem and hope to report on this work at some future time.

From the Myasthenia Gravis Clinic and the Medical and Neurological Services of the Mount Sinai Hospital.

The bibliographic references have been omitted from THE JOURNAL because of lack of space; they are, however, included in the authors' reprints.

8. Fasciculation: visible, involuntary contraction or twitching involving a group, bundle, cluster, or fasciculus of muscle fibers.

Finally, there is a group of drugs that have a definite effect on the myasthenic subject. These fall into two classes, those which inhibit and those which stimulate the myoneural junction. Those that inhibit are quinine [15] and curare,[16] which cause increased weakness. In the equivocal case, the use of the drug with suitable controls to prevent psychic effects will result in increasing weakness in the myasthenic patient. However, these drugs as a group are falling into disrepute as diagnostic agents because of their potentially dangerous effect on the myasthenic subject. Their usefulness is confined, perhaps, to those cases in which the diagnosis is seriously doubted.

The group of drugs stimulating the myoneural junction constitute the best diagnostic aids. Since neostigmine was first used in the treatment of myasthenia gravis and its use advocated as a diagnostic test, the administration of this drug has become the basic procedure in the diagnosis of myasthenia gravis. It may be given in one of three ways: intramuscular injection of 1.5 mg. of neostigmine methylsulfate combined with 0.6 mg. of atropine sulfate in a single diagnostic ampule; 0.5 mg. (1 cc. of a 1:2,000 solution) of neostigmine methylsulfate can be given intravenously [17]; or neostigmine bromide, in 15 mg. tablets, can be given orally. The commonest means of testing with neostigmine is the intramuscular method. First, the patient is thoroughly examined. Then he is given the injection of neostigmine methylsulfate and reexamined at 5 and 10 minute intervals for a period of 40 to 50 minutes, both subjective and objective improvements being noted. With the intravenous test the same procedure is observed. However, the improvement starts within one or two minutes. The difficulty with the intravenous neostigmine test lies in the fact that it cannot be repeated with increasing doses at the same visit. In many cases when the result of either test is equivocal, the patient may be given a therapeutic trial with neostigmine bromide, orally, usually one to two 15-mg. tablets three times daily. The patient is observed for one week for subjective and objective improvements.

The use of pyrophosphates that have a strong anticholinesterase activity, thereby stimulating the myoneural junction, is at present in the experimental stages. The drugs are used mostly in the study of the motor end-plate effect rather than as diagnostic agents. These drugs are di-isopropyl fluorophosphate,[18] tetraethyl pyrophosphate,[19] and octamethyl pyrophosphoramide,[20] the last of which is being used therapeutically and not diagnostically.

In the past three years certain phenolic quaternary ammonium salts have been studied for their effect on the neuromuscular junction. One of these, edrophonium (tensilon®) chloride (3-hydroxy phenyldimethylethylammonium chloride)[21] has received particular attention. This is an analogue of neostigmine with a marked anticurare action. It is said to work directly on the neuromuscular junction without any, or minimal, cholinesterase effect.[22] However, preliminary work at our laboratory points to an in vivo inhibiting action on the true cholinesterase to the extent of 15% to 20%. This work is still in progress and will be reported at a future date. Edrophonium chloride is given intravenously in a 10-mg. dose (1 cc.). Westerberg and co-workers [23] reported their use of edrophonium chloride in the treatment of myasthenia gravis. The drug exerts its effect by increasing strength in myasthenics, regardless of previous medication. The maximum improvement occurs within 30 seconds to five minutes after the injection. However, its rapid release from the body (approximately 60 minutes) discourages its therapeutic use. Because of this very factor and its lack of side-effects, as reported in the literature,[23] we decided to try this drug as a clinical diagnostic agent for myasthenia gravis.

METHODS OF STUDY

Patients attending the Myasthenia Gravis Clinic of the Mount Sinai Hospital and patients of the wards of the Hospital were selected for investigation. Their ages ranged from 20 to 70 years.

Each patient's history was taken, with special emphasis on ptosis, diplopia, dysarthria, dysphagia, and general muscular weakness, variable with rest and fatigue, and particularly, emotional upsets. A complete physical examination was performed to determine the degree of ptosis, limitation of extraocular movements, ability to smile, whistle, distend the cheeks, chew gum, count to 100, maintain grips, and elevate arms and legs. Various skeletal muscle strengths were also tested. Each of these performance tests was repeated sufficiently so that we might detect abnormal fatigability. Blood pressure and pulse rate were recorded. The usual dosage of neostigmine for patients known to have myasthenia was withheld for a minimum period of three to four hours to achieve a basal state. One cubic centimeter of edrophonium chloride was injected intravenously and, in case of equivocal reactions, after 30 to 60 minutes, the test was repeated with 1.5 to 2 cc. of the drug. Blood was drawn immediately prior to and within two to three minutes after injection for study of the cholinesterase activity. Atropine sulfate (0.6 mg.) was kept at hand to be injected subcutaneously to counteract side-reactions, but this was never necessary.

Fifty patients were examined by this technique, and a total of 65 tests were performed. These 50 patients were divided into the following groups: (*a*) 15 patients known to have myasthenia, (*b*) 15 normal patients for control, and (*c*) 20 psychoneurotic [24] patients.

RESULTS

Normal Controls.—In the normal control group, after tests with edrophonium chloride, there was no significant effect on blood pressure or pulse rate. Symptoms were variable. Four of the patients had no discomfort. Among the remaining 11 patients, the following complaints were noted: varying degrees of dizziness, faint feelings, "stiffness" of the tongue, general warmth of the body, and slight perspiration or slight weakness. Distortion of vision and lacrimation were present. Fasciculations causing twitching of the eyelids, facial muscles, or skeletal muscles were present as an objective finding in all 15 cases. The eyelids of the patients in this group did not, at any time, close involuntarily. All these effects were transient and did not disturb the patients.

24. We use this term to describe the patient manifesting functional illness with somatic weakness such as is seen in patients with hysteria, neurasthenia, and psychasthenia.

Myasthenic Patients.—A total of 30 tests with edrophonium chloride were performed on 15 persons with proved myasthenia. Nine of these patients had multiple tests. In all 15 a striking finding was the absence of fasciculations in the patient in a basal state (three to four hours after stoppage of neostigmine medication). Several patients were retested when well controlled by medication, with either neostigmine or octamethyl pyrophosphoramide. One patient was retested while in a state of remission. These patients showed mild fasciculations. Thus, the absence or presence of fasciculations is a sensitive index for the diagnosis or effectiveness of therapy in myasthenia gravis. Westerberg and co-workers [23a] reported absence of fasciculations in nine patients with myasthenia gravis when treated with edrophonium chloride. Tether [25] reports similar results in 19 myasthenics.

All patients showed definite and, at times, dramatic increase in strength after the injection. Whenever a muscle function became weakened, owing to cessation of maintenance therapy, there was a marked increase in strength in that muscle. Thus, 12 patients who exhibited ptosis had retraction of the lid to medication level, or even better. This occurred so rapidly that the observer could see the lid elevate. In many cases, this action was so rapid that it occurred before the needle was withdrawn from the vein of the patient. Frequently, there was first a complaint of distortion of vision, then some lacrimation, and then a blinking of the eyelids, which, on opening, would be fully retracted.

Similarly, diplopia disappeared in six of our cases. Dysphagia with marked salivation stopped in one case. Two patients who had difficulty with respiration were relieved temporarily. Limb weakness was present in seven cases. In all seven cases there was a return to normal or near normal strength. After the edrophonium chloride test, all patients returned to their previous basal state within 5 to 30 minutes.

An interesting observation was made during the edrophonium chloride tests on one of the known myasthenics with a large number of superimposed hysterical symptoms. Instead of showing improvement in the strength of the lid levators or no effect at all, she experienced an involuntary closure of the lids which was both subjective and objective. She was therefore hospitalized for further study, and neostigmine bromide medication (225 mg. per day) was stopped. She received psychotherapy, which resulted in the relief of a number of her problems. After six weeks she was discharged without any medication. Six weeks thereafter, on her return to the Myasthenia Gravis Clinic, she exhibited weakness of the dorsiflexors of both feet, which was relieved by administration of edrophonium chloride. To avoid the psychic factor, she was again tested at the same clinic session with edrophonium chloride, without her knowledge of the fact that the drug was being administered. With both of these tests there was increase in strength without any phenomenon of forcible closure of the lids.

Psychoneurotics.—Edrophonium chloride tests were performed on five patients who were referred to the Myasthenia Gravis Clinic for diagnosis. In one case the diagnosis was held in abeyance. The patient showed absence of fasciculations without increased muscular strength after intravenous use of edrophonium chloride. Further, there was no increase in muscular strength after intramuscular administration of neostigmine. Since this is the only case in which the two criteria necessary for the diagnosis of myasthenia gravis were not met, she is being kept under observation for retesting at a later date. The other four patients surprisingly demonstrated the phenomenon of forcible closure of the lids, as described above, and were proved not to have myasthenia. Further study revealed that these four patients were obvious psychoneurotics of the conversion hysteria type, in which weakness was a major symptom. Because of this unusual result, we then directed our attention to the testing of patients with psychiatric diagnosis in whom myasthenia gravis was not suspected. In a group of 15 patients, with diagnoses including conversion hysteria, anxiety neurosis with obesity, hypochondriasis, and character neurosis, tests with edrophonium chloride revealed 10 responses with the eyelid closure phenomenon. All these psychoneurotics showed the presence of fasciculations. The same side-reactions as noted in the normal group were elicited in these subjects, but in a more exaggerated form.

A, patient with myasthenia gravis in basal state (two hours after cessation of neostigmine medication) exhibiting bilateral ptosis. *B*, same patient 30 seconds after injection of edrophonium chloride, showing relief of ptosis.

COMMENT

The rapid increase in muscle strength without fasciculations indicates the usefulness of intravenous administration of edrophonium chloride as an aid in the diagnosis of myasthenia gravis. No hazardous or uncomfortable side-effects were demonstrated. There were no false positive results in the groups of normal and psychoneurotic controls, and there were consistently positive results in the form of increased muscular strength in the group with proved myasthenia. A most important finding, to which we point with emphasis, was the absence of fasciculations in the myasthenic patient tested three to four hours after cessation of neostigmine medication. We use this phenomenon as a positive, objective criterion for the diagnosis of myasthenia gravis.

Edrophonium chloride is a rapid-acting drug, the total testing time often amounting to less than two minutes. This has a distinct advantage over the intramuscular neostigmine test. Similarly, the rapid excretion of the drug permits the repetition of the test, with increasing dosage, if necessary, during the same visit. Also, varying

degrees of remission and exacerbation in proved myasthenia are reflected by the edrophonium chloride test. As yet, the mode of action of edrophonium chloride is not clear. It supposedly works directly on the myoneural junction. However, preliminary studies of the cholinesterase activity of the blood on our patients tend to show a decrease in the true cholinesterase (red cell), but not in the pseudocholinesterase (serum). This work is in progress and will be reported at a later date.

We point cautiously to the significance of the eye closure phenomenon that was elicited in 15 psychoneurotic patients tested with edrophonium chloride. Further investigation should be undertaken to see if a clear differential test can be established between the weakness of the person with myasthenia gravis and that of the psychoneurotic patient with somatic conversion.

Our experience indicates that the rapid action of the edrophonium chloride test, with no hazardous or uncomfortable side-effects in the myasthenic patient, enables the observer to use objective criteria alone.

SUMMARY

The various methods used in the diagnosis of myasthenia gravis are reviewed. A new pharmacologic test for the diagnosis of myasthenia gravis is described: 10 mg. (1 cc.) of edrophonium (tensilon®) chloride is given intravenously. Fifty patients, consisting of 15 with myasthenia gravis, 15 normal controls, and 20 psychoneurotic controls, were studied.

The rapid increase in muscle strength and the absence of fasciculations in the myasthenic patient in a basal state (three to four hours after cessation of neostigmine medication) are striking objective diagnostic findings by this test. The test is rapid, often being performed within two minutes. It confirmed the diagnosis of myasthenia gravis consistently in the 15 myasthenic patients tested, showed no discrepancies in the testing of 15 normal and 20 psychoneurotic controls, and suggests a pharmacologic approach to the differential diagnosis of psychoneurosis with somatic conversion from myasthenia gravis.

14 E. 90th St. (28) (Dr. Osserman).

ACUTE PHASE OF JAPANESE B ENCEPHALITIS

TWO HUNDRED AND ONE CASES IN AMERICAN SOLDIERS, KOREA, 1950

Major A. F. Lincoln (MC), United States Army
and
Capt. S. E. Sivertson (MC), United States Army Reserves

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An epidemic of Japanese B encephalitis occurred in American soldiers in Korea in the late summer and fall of 1950. The purpose of this paper is to present the clinical and pathological picture as seen in the acute phase of the disease. The clinical and laboratory approach is not as detailed as would be ideally desired; however, the relatively limited resources of an evacuation hospital in a combat area and the heavy daily inflow of battle casualties during the time of the epidemic made more detailed study impractical.

HISTORY

Summer encephalitides have long been recognized in Japan. Outbreaks occurred as early as 1871. In 1936 the virus of Japanese B encephalitis was isolated, and thus the disease was definitely separated from von Economo's encephalitis lethargica, which the Japanese designated type A encephalitis. Major outbreaks of Japanese B encephalitis occurred in Japan in 1924, 1935, and 1948[1]; on Okinawa in 1945 [2]; and in Korea in 1947 [3] and 1949.[4] It is now believed that Japanese B encephalitis has appeared in Manchuria and Siberia.[5] The present report describes the first large series of cases to occur in Americans.

THE EPIDEMIC

From mid-August to mid-October, 1950, Japanese B encephalitis developed in approximately 300 American soldiers in Korea. This report concerns 201 of these patients, all of whom were seen at the evacuation hospital in Pusan. The patients with Japanese B encephalitis not included in this report either came through the evacuation hospital as battle casualties in whom clinical encephalitis developed after rapid evacuation to Japan or were sent directly to Japan from forward areas by air evacuation. It was the policy to evacuate a patient with Japanese B encephalitis when lysis occurred and the prognosis appeared favorable. Thus, we did not see the patient's convalescence in its entirety, and information concerning complications and sequelae must be furnished by other observers.

During the second week in August, 1950, a soldier died on the medical service after a short illness characterized by fever, clouded sensorium, and coma. The diagnosis was not apparent. At autopsy encephalitis was suspected, and material for virus isolation was forwarded to the 406th Medical General Laboratory in Tokyo. A virus identified as that of Japanese B encephalitis was isolated. This marked the beginning of the epidemic.

From the 8054th Evacuation Hospital, Pusan, Korea.

Lieut. Col. R. L. Hullinghorst (MC) assisted in the preparation of this article.

The microscopic examinations in this study were done at the 406th Medical General Laboratory, Tokyo. Lt. Col. Arthur Steer (MC) provided the descriptions in the microscopic findings.

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During late August and early September the disease incidence steadily increased. By mid-September patients were admitted in numbers as high as 20 a night. During the week of Sept. 17 to 24, 1950, at the peak of the epidemic, 71 patients entered the hospital. The facilities of a converted school, used as a hospital, were taxed. Isolation technique was impractical, but segregation was achieved. Late September saw the epidemic abating. The last patient with encephalitis was admitted Oct. 15, 1950. The peak of the epidemic occurred and the appearance of new cases extended later in the year than has been usual in previously reported epidemics of Japanese B encephalitis (see figure 1).

Geographically, the outbreak involved our troops who were confined to the now famous 1949-1950 defense "perimeter" about Pusan. The southwestern radius extended 30 miles toward Chinju and the northern radius 65 miles to Taegu. Cases occurred in the Pusan area itself as well as in the front lines (see figure 2).

TABLE 1.—*Incidence of Symptoms Among 134 Patients in Acute Phase of Japanese B Encephalitis*

Symptoms	No. of Cases	%
Headache	134	100.0
Began with onset	124	92.5
Generalized	77	57.5
Frontal	39	29.1
Occipital	6	4.5
Temporal	5	3.7
Vertex	1	0.7
Stiff neck	79	59.0
Weakness	48	35.8
No information	86	64.2
Midback pain	50	37.3
Anorexia	134	100.0
Vomiting	70	52.2
Diarrhea	11	8.2
Ocular pain	42	31.3
Visual disturbances	19	14.2

CLINICAL DATA

Of the 201 patients with Japanese B encephalitis that were seen, 134 were able to give a history of onset and symptoms. In the other 67 the sensorial changes had progressed so far that only the physical examination was reliable.

Age and Sex.—Because the epidemic involved combat troops, all patients were males between 18 and 47 years of age. The majority fell in the age group most common to the military, that is, 18 to 25.

Onset.—Three types of onset of Japanese B encephalitis can be classified: (*a*) gradual, (*b*) hyperacute, and (*c*) characteristic acute. The patients with gradual onset had mild headache, low-grade fever, and malaise. In mild infections these symptoms lasted four to five days, and the patient recovered; however, the same symptoms in other instances increased in severity until the characteristic pattern developed. In patients with hyperacute onset an acute psychosis and epileptiform seizures developed. This condition was confusing to the medical officer in the field, and sometimes it was mistaken for some form of war neurosis. The characteristic acute onset began with a relentless headache, chills, fever, anorexia, and weakness. One to three days later, stiffness of the neck developed, followed within 24 hours by somnolence and other sensorial changes. Midback pain, bodily aching, nausea, vomiting, diarrhea, pain in the eyes, and visual disturbances commonly appeared first in one or more combinations.

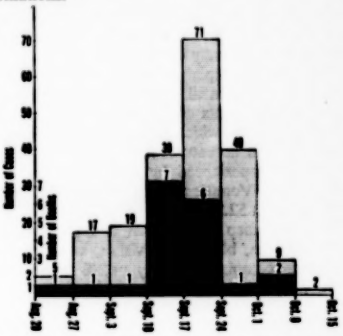

Fig. 1.—Incidence of Japanese B encephalitis: number of cases (stippled columns) and deaths (solid columns) per week among American soldiers in Korea from Aug. 20 to Oct. 15, 1950.

SYMPTOMS

All 134 patients able to give a history of encephalitic symptoms complained of headache (table 1), but this varied in time of onset, location, intensity, and duration. Headache as an initial symptom occurred in 92.5% of the patients; in the remaining patients it developed one to five days after onset of chills and fever. Generalized cephalalgia was present in 57.5% of the patients, with

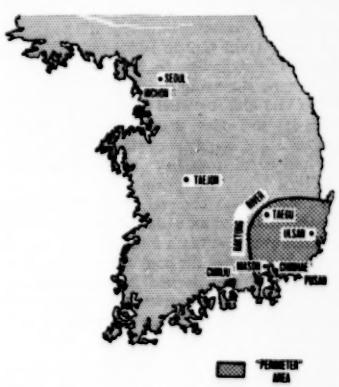

Fig. 2.—Map of Korea showing the "perimeter" area around Pusan in which the 1950 epidemic of Japanese B encephalitis among American soldiers occurred.

frontal, occipital, temporal, and vertex localizations in decreasing order of frequency. The headache was constant in 97% and intermittent in only 3% of these patients. While under our observation, only nine men were relieved of this symptom. It still persisted at the time of evacuation in 125 patients, some of whom had had head-

ache for 20 days. Seventy-nine (59%) of the men complained of stiffness of the neck, which varied from a pronounced rigidity of the part to accentuation of midback pain on flexion of the neck. All cases of nuchal rigidity developed in the first seven days of the illness, appearing during the first three days in 59 patients.

Generalized weakness and fatigability were present early in every instance, usually occurring on the day of onset. Only five patients complained specifically of weakness in arms or legs. Aching in all or part of the musculature was common. Fifty patients complained of pain across the "small of the back," which was usually associated with meningismus and accentuated by flexion of the neck. Anorexia was experienced by all patients for varying periods of time. Vomiting, from occasional to continuous, was noted in 52.2% of the patients, severe diarrhea in 8.2%, and deep ocular pain and photophobia in 31.3%. Diplopia, blurring of vision, and difficulty in focusing were complaints in only 14.2% of the patients.

PHYSICAL FINDINGS

The physical findings have been analyzed in all 201 cases of Japanese B encephalitis. These observations were limited mostly to the central nervous system.

TABLE 2.—*Physical Findings Among 201 Patients in Acute Phase of Japanese B Encephalitis*

Symptoms	No. of Cases	%
Mental change	139	69.2
Nuchal rigidity	182	90.5
Positive Kernig's sign	143	71.1
Absent abdominal reflexes	69	34.3
Absent cremasteric reflexes	101	50.2
Bizarre neurological changes	14	6.9

Fever.—Due to the hyperexcitability of these patients, only axillary temperatures were taken. The fever varied between 102 F (38.9 C) and 104 F (40.0 C) during the acute phase of the disease, while in severe and terminal cases the temperature rose to 105 F (40.6 C) and even to 107 F (41.7 C). A period of lysis occurred as early as the 4th day and as late as the 11th day of illness, with the fever usually dropping about the 7th or 8th day. This stage of lysis lasted from 24 to 72 hours and was often followed by a dramatic improvement. Overnight the patient became able to comprehend questions and was more cooperative and an easier nursing problem. Most patients, however, showed a more gradual remission of symptoms. Injection of the conjunctiva, a blank expression in the eyes, and flushed face accompanied high fevers, and it was this characteristic facies that aided in screening cases of encephalitis from the hundreds of other casualties.

Mental Cases.—The behavior deteriorated and became undignified. Mental changes of some degree occurred in 139 (69.2%) of the patients (table 2), appearing about the third or fourth day of illness. In general the deterioration occurred in the following order: (*a*) somnolence, (*b*) irritability and belligerence, (*c*) release of inhibitions manifested by abusive language, defecation or urination on the floor or bed, and feeble attempts at masturbation, (*d*) marked confusion and irrationality, and (*e*) progressive lethargy, coma, and death in severe cases.

Nuchal Rigidity.—Nuchal rigidity was demonstrable on admission in 182 (90.5%) of the patients. Pain across the midback or posterior neck on flexion of the neck and orthotonus were the criteria used in judging positive nuchal rigidity. It was the most reliable sign of meningeal irritation, and together with history of headache, fever, and sensorial change it formed a diagnostic quadriad. The rigidity decreased or vanished in 11 patients during the period of lysis between the 4th and 11th days of illness. It persisted in 171 others who had been ill from 4 to 20 days when evacuated to Japan.

Kernig's Sign.—Kernig's sign was frequently present but difficult to evaluate. A positive sign was seen in 71.1% of the patients. It paralleled the finding of nuchal rigidity but proved a less reliable sign of meningeal irritation. The sign was equivocal in 12 patients, all of whom had confirmatory neck findings.

Superficial Reflexes.—There was an apparent correlation between superficial reflexes and sensorial changes. Thus, 69 patients (34.3%) had complete loss of abdominal reflexes, 63 (91.3%) of whom showed sensorial changes. Of the 132 patients who did not have loss of abdominal reflexes, only 50% displayed mental changes. Cremasteric reflexes were absent bilaterally in 101 (50.2%) of the men, 86% of whom showed sensorial disturbances. Of the 100 patients who did not lose cremasteric reflexes while under our observation, only 50% had mental changes. Response of superficial reflexes to stimulation returned early in the period of lysis. With subsequent or concurrent defervescence, a marked mental improvement occurred. Even though there were exceptions, this relationship was so consistent that it soon became valuable as a prognostic sign.

Tendon Reflexes.—The tendon reflexes were unpredictable and difficult to evaluate, since the reactions depended on the cooperation of the patient and the degree and stage of illness. It was not uncommon to find a hypoactive response one day and hyperactive the next. As a rule the changes that did occur were bilateral and symmetrical, with few examples of focal abnormalities.

Bizarre Neurological Findings.—Ocular and facial palsies, ptosis of the eyelids, and flaccid paralysis of the extremities were observed in 14 (6.9%) of the patients with Japanese B encephalitis (see table 2). Other neurological abnormalities were more consistently seen. During delirium, grasping, groping, carphologia, and fecal and urinary incontinence were common. Incoordination of movements and past pointing were demonstrable at the time of lysis and continued into the convalescent period. Concomitantly, a phase of generalized spasticity was observed in the moderately and severely diseased patients, although it was rarely accompanied by a positive Babinski reflex and ankle clonus. These semicomatose patients held the arms flexed at the elbow, and passive extension was resisted by muscular spasticity. Motor aphasia, dysarthria, and dysphagia were also seen at this time.

TREATMENT

There is no known specific therapy for Japanese B encephalitis. Our treatment was symptomatic and supportive. The headache was managed with aspirin and codeine, while occasionally caffeine administered hypodermically seemed to give some relief. Procaine penicillin

in oil, 300,000 units daily, was administered routinely to combat the secondary bronchitis and bronchopneumonia that appeared in the seriously ill patients. Fluid and electrolyte balance was maintained with intravenously administered fluids, whole blood, and vitamin supplements. The basic principles of nursing care were thoroughly exercised.

Chloramphenicol (chloromycetin®), 2 gm. at the start and 500 mg. every six hours, was given to a limited number of patients who could take medication orally. No apparent effect was noted. Since the supply of this drug was limited, it had to be discontinued before a thorough evaluation was accomplished. Because of the variable severity of Japanese B encephalitis, it would be difficult to say whether any improvement resulted from the use of this antibiotic.

FATALITIES

Every patient who died of Japanese B encephalitis failed to show a period of lysis; instead, the fever continued to rise. This, plus the appearance of diaphoresis, tachypnea, and accumulation of bronchial secretions, constituted grave prognostic signs that were usually followed by death within 24 hours. Other preceding conditions were pulmonary edema, loss of nuchal rigidity, areflexia, and complete anesthesia. Oddly enough, respiratory paralysis was not an apparent feature.

Death occurred in 17 of the 201 patients reported on; therefore, the mortality rate was 8.5%. It is known, however, that at least two other patients died of Japanese B encephalitis after their evacuation to Japan. Since follow-up information was not available in either case, only the 17 deaths occurring in the evacuation hospital are discussed in this report. Hospitalization prior to the time of death ranged from one to eight days, the average being 3.5 days. The time interval from onset of illness to admission to the evacuation hospital was two to three days. These men, then, had been sick from 5 to 11 days when they died.

CLINICAL LABORATORY FINDINGS

The clinical laboratory studies of patients ill with Japanese B encephalitis were limited hematologically to white blood cell counts and differentials, red blood cell counts, and hemoglobin determinations. The examination of the spinal fluid consisted of cell count and differential, Pandy's test, and Gram's stain for organisms.

Blood.—The red blood cell counts did not vary from normal and averaged between 4 and 5 million per cubic millimeter. The hemoglobin levels (determined by Sahli's method in all cases) were also in the normal range, the average being 15 gm. per 100 cc. The white blood cell counts showed a moderate leukocytosis, the average being 13,000 per cubic millimeter. They varied from 4,250 to 32,000, and counts of 15,000 to 20,000 were common. The neutrophils averaged 76%. A shift to the left was frequent, but toxic granules were not commonly seen. The lymphocytes averaged 20%, and no atypical forms were noted.

Spinal Fluid.—Spinal tap was performed in all cases of Japanese B encephalitis. No manometric readings were made, but a definite increase in the spinal fluid pressure was noted in 16% of the patients. Grossly, the spinal fluid was clear in all but two instances. These two specimens were slightly opalescent in appearance and showed counts of 1,050 and 1,776 per cubic millimeter. The cell counts varied greatly, the lowest being 12 cells per cubic millimeter and the highest 1,776. The average spinal fluid showed 198 cells per cubic millimeter, of which 71% were lymphocytes; however, in 13% of the cases, 55 to 95% of the cells were neutrophils. It should be noted that generally these spinal taps were done early in the clinical course of the disease. Pandy's test was performed on 155 specimens of spinal fluid. A positive reaction occurred in 58%, indicating the presence of an abnormal amount of globulin. Gram's stains were done on all specimens, none of which showed bacteria.

There was no relationship between the number or type of cells in the spinal fluid and the clinical manifestations. Some of the patients with the greatest sensorial changes had counts between 12 and 20 cells per cubic millimeter; others with cell counts above 300 had only mild clinical signs and symptoms. The spinal fluid cell counts of the 17 patients who died varied from 79 to 1,776 cells per cubic millimeter, the average being 360. Although this is considerably higher than the over-all spinal cell count of 198 cells per cubic millimeter, the great variation in individual spinal cell counts made this increase of little value as a prognostic sign. No relationship between spinal fluid cell count and white blood cell count was evident. A small group of cases was remarkable in that an initial spinal fluid examination performed on the first or second days of illness failed to show any abnormal increase in cells. The clinical picture in all of these cases was typical, and repeat counts 48 to 96 hours later revealed the usual pleocytosis.

LABORATORY CONFIRMATION OF JAPANESE B VIRUS

For serological study of patients ill with Japanese B encephalitis, two serum specimens appropriately spaced were required: the first as early as possible in the disease and the second approximately 21 days after onset. Since only the acute phase of the illness was seen, only blood for the first specimen for complement-fixation titer and neutralization index was drawn. These serums were compared with the second specimen obtained at some hospital in Japan at a later date. The specimens obtained by us consisted of 20 cc. of whole blood collected in sterile vacuum tubes and forwarded by plane to the 406th Medical General Laboratory, Tokyo, under refrigeration. In this, as in any acute epidemic, the confirmation of the first few cases established the etiological agent.

In all 17 patients who died, a plug of fresh, unfixed brain tissue was taken as soon after death as possible from the left hippocampal region and the right parietal cerebrum next to the longitudinal cerebral fissure. Each specimen was approximately 1 cm. in diameter and 2 cm. in length and extended sufficiently deep into the brain substance to include portions of the basal ganglia. The plugs were placed in sterile screw-cap bottles that contained sterile equal parts of glycerine and normal saline solution. The specimens were sent by plane to the 406th Medical General Laboratory; unfortunately, due to conditions in a combat zone, there were often unavoidable delays en route. Some specimens did not arrive within 48 hours, and proper refrigeration was impossible. Nevertheless, a virus was isolated and identified

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as that of Japanese B encephalitis in 7 of the 16 specimens received at the laboratory. One specimen was lost en route.

GROSS AND MICROSCOPIC FINDINGS

Since no facilities for histopathological study of the brain tissue of patients dying of Japanese B encephalitis were available, tissue blocks were suspended in 10% neutralized formaldehyde solution and sent to the 406th Medical General Laboratory in Japan. These blocks included the frontal, temporal, parietal, and occipital cortex and the hippocampus, basal ganglia, pons, medulla, spinal cord, and cerebellum. The brains were sectioned at the time of autopsy in most cases. In a few cases the entire brain was fixed and forwarded to the laboratory intact. As incidental pathological findings caused by hypostasis or battle wounds are irrelevant to this report, this discussion is limited to the central nervous system.

Gross Findings.—Upon exposure the dura was noted to be tense, and when cut the cortex bulged through the opening. The leptomeninges were intensely injected, and in some cases the vessels stood out like cords. In the meninges there were numerous petechial hemorrhages, and in three cases the inferior surface of the cerebellum and brain stem showed outright subarachnoid hemorrhage. Edema of the brain was grossly evident in that the convolutions were flattened and the sulci were shallow. The average brain weight was 1,600 gm., with one brain weighing 2,000 gm. Cross sections revealed congestion of the cerebral vessels, and some petechial hemorrhages were found in the cortex, though not as numerously as in the meninges. In no case was there evidence of softening, focal areas of gelatinous appearance, cystic degeneration of the substantia nigra, or other nuclear structures, nor was there evidence of internal hydrocephalus. This may have been due to the fact that these patients had been ill only 5 to 11 days before death, although findings similar to these were noted by other investigators after 15 days of illness and by some as late as the 52nd day.[6] There was remarkable uniformity in the presence of edema and congestion, the chief variation being principally in degree. In four cases in which edema was less evident, congestion of the meninges was present but not marked, and there were only occasional petechial hemorrhages of the meninges and cortex.

Microscopic Findings.—There were both constant and variable changes in the microscopic sections. There was always some degree of meningitis, in which few polymorphonuclear leukocytes were seen. Most of the cells resembled lymphocytes, but often swollen macrophages were present. Throughout the cortex there were numerous cellular inflammatory nodules that consisted for the most part of glial cells, resembling lymphocytes, but often included rod cells and sometimes gitter cells. Some of these nodules contained varying numbers of polymorphonuclear leukocytes and occasionally eosinophils. These inflammatory nodules varied greatly in number, intensity, and size from section to section in the same case and also in comparative sections from the same gyri of each cerebral hemisphere. Similarly there was great variation from case to case. The nodules were found in all layers of the cortex and at the junction of gray and white matter but were rarely found isolated in the white matter. They were also seen in the various nuclear masses of the brain and brain stem, being most evident in the substantia nigra, pons, and inferior olivary nuclei. The cerebellum was also involved, but the lesions were less prominent and consisted of similar inflammatory nodules that arose about the Purkinje cells and streamed through the molecular layer toward the surface. Associated with these nodules was the destruction of neurones entrapped by the nodules. Other nearly or partially surrounded neurones showed satellitosis, degeneration, and neuronophagia; however, some neurones close to such nodules frequently displayed little or no change.

A prominent feature was the perivascular cuffing made up of collars of lymphocytes surrounding small vessels. The vessels, however, showed no other histological change, and there was no evidence of occlusion or thrombosis. Another feature seen in less than half the cases of fatal Japanese B encephalitis was that of numerous focal clear areas of acellular encephalomalacia. These were not recognizable grossly, were usually restricted to gray matter and nuclear masses, in later stages were infiltrated by gitter cells, and theoretically could only heal by scar formation. They suggested areas of anemic infarction, but no evidence of vascular occlusion could be found. Sections from the spinal cord showed similar inflammatory nodules, meningeal reaction, and perivascular cuffing, so that differentiation on the basis of cord sections alone from cases of poliomyelitis would have been difficult if not impossible. There was a tendency, however, for the infiltrate to spill over into the lateral columns.

COMMENT

The extreme variability and nondescript pattern of Japanese B encephalitis was a concept universally accepted until recent years; however, during the 1948 epidemic among Japanese civilians, it was remarked that the disease "presented a pattern easily recognizable and fairly constant." The 1950 epidemic in American soldiers was compatible with these observations.

It should be added that at the onset and in mild attacks Japanese B encephalitis may be confused with other causes of headache, fever, and gastrointestinal upsets, because stiffness of the neck and sensorial changes frequently do not appear for several days. Such confusion was shown by the initial diagnosis of sinusitis, malaria, dengue, dysentery, typhus, and gastroenteritis. In other cases mental changes dominated the early stages of the disease and led to primary impressions of combat fatigue and anxiety reactions. Toxic psychosis from gas gangrene in wounded soldiers was occasionally confused with Japanese B encephalitis. Because of these experiences, lumbar punctures were performed on every patient with a suggestive history or physical findings. The results were often surprising, with an expected fruitless tap often showing a hundred or more cells.

Japanese B encephalitis varies greatly in severity. Patients with mild cases had only a persistent headache and low-grade fever of four to five days' duration; those with severe cases were fulminating and progressed to coma and death. The majority fell between these extremes and presented a characteristic clinical picture. In general the physical findings varied or changed, depending on the

6. Zimmerman, H. M.: Pathology of Japanese B Encephalitis, Am. J. Path. 22:965-991 (Sept.) 1946.

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severity and stage of illness. Conversation with medical officers from stations near the front lines indicated that some soldiers with high fever, headache, and malaise were able to return to duty after four to five days' rest at a collecting station. It is possible that some of these cases were abortive types of Japanese B encephalitis. This implies a higher incidence among American troops than is reported. The difference between the high incidence of nuchal rigidity found on examination and the relatively low incidence obtained by history is explained by the fact that many of the patients did not realize they had stiffness of the neck until their attention was called to it during physical examination. This sign failed to be demonstrated in only 19 patients; however, in some of these 19 it may have either disappeared before admission or developed after evacuation. In three of these patients, headache and low-grade fever were the only clinical manifestations of disease. One of these patients was returned to duty after five days' hospitalization.

From the gross and microscopic examinations, Japanese B encephalitis can be called an acute meningomyeloencephalitis. The high percentage of patients showing clinical signs of meningeal irritation is consistant with the mononuclear and polymorphonuclear cell infiltration of the meninges. The cerebral involvement is diffuse and causes varying sensorial disturbances. The loss of superficial reflexes is probably due to the involvement of the cortical Betz's cells. Further clinical evidence of cortical involvement is that 90% of all patients who had loss of superficial reflexes also showed sensorial changes. The variation in centers involved and the differences in intensity of involvement cause the variability of neurological signs in comparing one case with the other. It is most important that the variability of neurological signs should point to the consideration of Japanese B encephalitis.

SUMMARY

From mid-August to mid-October, 1950, approximately 300 cases of Japanese B encephalitis appeared among American soldiers in Korea. The acute phase in 201 of these cases of Japanese B encephalitis, with 17 deaths, is reported. Japanese B encephalitis presents a characteristic clinical course during the acute stage. The typical onset, symptoms, and physical findings are described. The clinical laboratory, gross, and microscopic findings are described. A brief correlation between the pathological lesions and clinical signs and symptoms is offered. The histopathological examination showed a nonpurulent meningomyeloencephalitis in all 17 fatal cases in which autopsy was performed. A neurotropic virus identified as Japanese B encephalitis was isolated from the brains in seven cases. The variability of neurological signs, rather than confusing the clinician, should point to the consideration of Japanese B encephalitis.

HEAD LOWERING IN TREATMENT OF HYPOTENSION

Frank Cole, M.D., Lincoln, Neb.

Tilting a flat operating table so that the head end is lower than the foot end is common practice in the treatment of hypotension. The head-down position generally means rotation of the entire body about its transverse axis, so that the head is lower than the thorax, which is lower than the abdomen, which, in turn, is lower than the feet. The effect is usually merely the increased oxygenation of the important and sensitive brain in the presence of low arterial blood pressure, when gravity is made to help and not hinder the work of the heart in this regard. In the cases offered here, the effect of head lowering was examined, not on cerebral oxygenation, but on the blood pressure itself, to find out whether, if hypotension occurred, lowering the patient's head would raise his blood pressure. Fifteen cases of hypotension were studied. The low blood pressure was generally due to anesthesia and surgery, and blood loss was a contributory factor in one case. The cases were unselected, consecutive, and inclusive, and are listed in the table. When the pressure was low and showed no sign of rising, or when it was falling rapidly, the head was lowered. In spinal anesthesia, the level was always stabilized before head lowering, to prevent spread of the drug, the production of a higher level of anesthesia, and further fall in blood pressure.

Fifteen Cases in Which the Effect of Head Lowering on Hypotension Was Studied

Anesthetic Used	No. of Patients
General	4
Endotracheal ether	1
Endotracheal cyclopropane and curare	2
Brachial plexus block, thiopental (pentothal®) sodium, and nitrous oxide	1
Spinal	11
Procaine hydrochloride	2
Tetracaine hydrochloride	9
Total	15

Slight tilting of the operating table represents an angle of about 10 degrees, moderate tilting about 15 degrees, and a marked amount of head lowering about 30 degrees or more. The extent of tilting in this series was about 12 degrees. The effects noted are thus the results of no more than moderate head lowering; it is probable that marked tilting of the table may produce even greater results than a simple proportion based on the angular difference, or the linear extent of lowering as might be expressed in inches, would lead one to expect. The arterial blood pressure curves of all 15 cases are shown in figure 1. In the entire series, head lowering never failed to raise a low blood pressure or to halt a falling one.

The supposed effect of gravity in bringing blood to the lowered brain is subject to dispute, for then it is surely more difficult for the blood to get back. When considering blood flow, we must think in terms of circulation rather than just flow. For circulation the best relative height for an organ would appear to be at the same level

Chief, Department of Anesthesiology, Veterans Administration Hospital.

as the heart, where neither arterial nor venous blood must be made to run uphill; a supracardiac level is no better than a subcardiac one. In the erect posture, which is assumed during most of our lives, the heart lies below the upper and above the lower extremities, and the effect

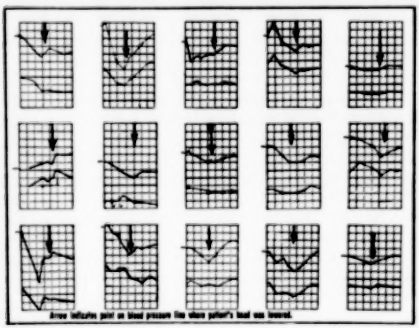

Fig. 1.—Effect of head lowering on blood pressure of 15 patients in selected series.

of gravity is to render the circulation in the legs inferior to that in the arms, or certainly no better. Varicose veins, thrombophlebitis, and end results of arteriosclerosis, arterial embolism, and diabetes mellitus requiring amputation are found in the legs and not in the arms. The

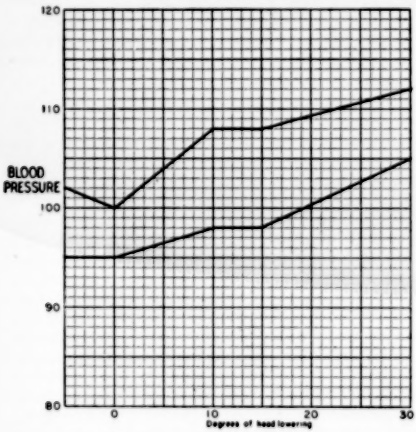

Fig. 2.—Effect of head lowering on brachial arterial blood pressure in two unanesthetized subjects.

brain, with its high blood and oxygen requirement, is as high in the body as it can be. It does not want for a blood supply; in fact, one of its commonest circulatory disturbances is a result of too great a blood flow. The feet, on the contrary, are the lowest members of the body and suffer commonly from poor circulation. Figure 2 illustrates the effect of head lowering on upper extremity blood pressures in two unanesthetized subjects. Postures were held for only a short time, and the order of assuming the various positions was not the same in both cases.

Figure 3 shows the effect on the blood pressures in the arm and leg of an unanesthetized person as the table is tilted from a head-up (Fowler's) position down to an angle of 30 degrees of head lowering. The various positions were not maintained for more than a minute. The broken line seen between the lines representing the pressures in the arm and in the leg indicates the mean between the two and may be taken to illustrate the effect of head lowering on the body as a whole, although this is not accurate; however, the marked drop in pressure in the lower extremity seen when the head is lowered suggests that the arterial blood pressure has fallen in the lower half of the body, and, while in times of crisis we are greatly concerned for the blood supply to the brain, it is evident that we must weigh the requirements of that organ against those of others perhaps of like importance: the liver, kidneys, and adrenals. The term "blood pressure," unless the table is horizontal, applies only to conditions where it is taken, as in the brachial artery, and not necessarily to the entire body.

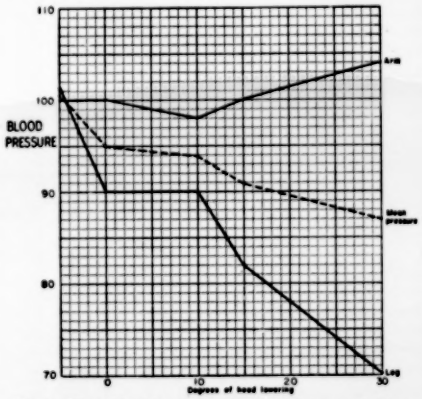

Fig. 3.—Effect of head lowering on arterial blood pressures in the arm and leg of an unanesthetized person.

It may not be unreasonable to draw the following conclusions from this study. 1. Tilting a supine patient so as to place him in the head-down position causes a rise in the arterial blood pressure in the arm and a fall in the pressure in the leg; these are probably indicative of an increased blood pressure in the upper half of the body and a decreased pressure in the lower half of the body. 2. When the table is tilted, the term "blood pressure" loses its usual meaning and acquires a new significance; it is an expression of conditions only in the area tested. 3. The restorative action of head lowering is due, in part at least, to an actual, significant, rapid, demonstrable, and consistent increase in the blood pressure in the upper extremity and, undoubtedly, in the brain. The cases described and illustrated were the only ones studied during the course of this work; no case was excluded from the table or figures, and none was discarded from any part of the study for any reason.

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APPROVED INTERNSHIPS AND RESIDENCIES IN THE UNITED STATES

ANNUAL REPORT OF INTERNSHIPS AND RESIDENCIES BY THE COUNCIL ON MEDICAL EDUCATION AND HOSPITALS OF THE AMERICAN MEDICAL ASSOCIATION

Edward H. Leveroos, M.D., and Warren R. von Ehren

Annual Report

The Council on Medical Education and Hospitals presents for the 26th consecutive year its Annual Report on Internships and Residencies. The report contains statistical information relative to types of programs, the number of appointments available, and the number of positions filled and vacant for each category. A section of this year's report is devoted to an analysis of stipends being paid interns. There is also a brief report on the Advisory Committee on Internships and one on the Matching Plan for Internship Appointments.

The Annual Report is based on information obtained from questionnaires sent annually to hospitals conducting intern and residency programs. Completed questionnaires were returned by all hospitals approved for internship or residency training. The tables in the report are based on data available Aug. 1, 1952. Since that date, additional programs have been approved, with the result that the statistics in the Annual Report may differ in some instances with those in the lists of approved programs.

These lists, which follow the Annual Report, are in two sections, one devoted to hospitals approved for intern training, the other to hospitals conducting approved residency programs. In the internship section, hospitals are listed first on a geographical basis, together with information on type of control, bed capacity, admission rate, type of program, length of program, number of internships, medical school affiliation, availability of outpatient service, autopsy percentage, and beginning stipend. A second classification lists these hospitals according to the type of internship offered, i. e., rotating, mixed, straight, or unclassified internships. Approved residency programs are listed first by type of specialty, with data regarding the service similar to that furnished for internships. In addition, hospitals approved for residency training are listed on a geographical basis, including the specialties for which each hospital is approved.

The Council wishes to express its appreciation to the administration and staffs of all hospitals conducting internship and residency programs for their excellent cooperation in the preparation of this report, as well as to the medical schools and medical departments of the federal services for their invaluable assistance during the past year. The Council also wishes to make grateful acknowledgment of the interest and active participation of the following organizations with which the Council collaborates in the residency approval program:

American Board of Anesthesiology
American Board of Dermatology and Syphilology
American Board of Internal Medicine
Subspecialty Board in Allergy
Subspecialty Board in Cardio Vascular Diseases
Subspecialty Board in Gastroenterology
Subspecialty Board in Pulmonary Diseases
American Board of Neurological Surgery
American Board of Obstetrics-Gynecology
American Board of Orthopedic Surgery
American Board of Otolaryngology
American Board of Pathology
American Board of Pediatrics
American Board of Physical Medicine
American Board of Plastic Surgery
American Board of Preventive Medicine and Public Health
American Board of Proctology
American Board of Psychiatry and Neurology
American Board of Radiology
American Board of Surgery
American Board of Urology
American College of Physicians
American College of Surgery
Board of Thoracic Surgery

The Annual Report is presented for the information of the medical and allied professions, medical educators, hospital boards and administrators, and others interested in this aspect of medical education. It is hoped that the data contained in the report and more particularly the lists of approved services will prove helpful to the young physician in planning his graduate training program.

Internships

The number of internships in approved hospitals continues to rise. The steady increase that has been evident during the past decade continued last year, with hospitals presently approved for intern training now requesting a total of 11,467 interns (table 1). Ten years ago, 740 hospitals offered a total of 8,353 internships, an average of 11.3 interns for each hospital. This year, 865 hospitals reported that 11,467 appointments would be available, an average of 13.3 interns per hospital. It is obvious that, had the average number of interns which obtained in 1942 remained constant, the present number of "vacancies" would be immediately reduced by 1,730 positions. The hospitals' demand for additional interns, together with the greater number of hospitals conducting intern

TABLE 1.—*Approved Hospitals and Internships, 1942-1952*

Year*	Number of Hospitals	Number of Internships
1942	740	8,353
1943	769	8,180
1944†	766	8,692
1945	785	8,479
1946	798	8,584
1947	764	8,539
1948	807	9,118
1949	807	9,174
1950	799	9,598
1951	858	10,944
1952	865	11,467

* Year of publication.
† Quota year.
(U. S. Army, U. S. Navy Hospitals and those outside the United States not included in 1942 to 1947 figures.)

training programs, has led to an ever-widening disparity between the number of internships in approved hospitals and the number of applicants available to fill them. The sections of the report that follow will be devoted to an analysis of the number of internships available, filled, and vacant by type of program, by type of hospital control, and by medical school affiliation and hospital bed capacity.

INTERNSHIPS BY TYPE OF SERVICE

Table 2 shows the number of hospitals approved for intern training, the number of internships reported filled, and the number of position vacancies on Sept. 1, 1951, together with percentages, by types of service. The number of internships requested as of Sept. 1, 1952 is also shown in this table.

The majority of the 11,467 internships now offered are rotating services with 9,678, or 84.4%, of this type; 1,316, or 11.2%, are on straight services; 259, or 2.2%, are mixed, and 214 internships, or 2.2%, are special programs of one kind or another.

Hospitals reported a total of 7,866 interns on duty as of Sept. 1, 1951. This figure points up the inaccuracy resulting from a direct comparison between the number of internships and the number of medical school graduates. Considering only these graduates, it could have been anticipated that there would have been a maximum of 6,135 interns on duty last year. The difference between this figure and the number actually assigned represents second year interns and graduates of foreign medical schools accepted for appointment in these hospitals. With 3,111 positions reported vacant as of Sept. 1, 1951, and 7,866 interns on duty, the over-all rate of positions filled was 72%.

There was no appreciable difference as to the percentage of positions filled in the four major categories. Rotating internships were 72% filled, straight and special were 71% filled, and mixed internships 68% occupied. Within the category, however, some types of straight internships showed a relatively high occupancy rate, with internships in pediatrics, obstetrics-gynecology, and internal medicine having rates of 80, 80, and 78% respectively. With low rates of occupancy for straight internships in pathology and surgery, however, the percentage of positions filled for this type of internship was approximately that of the others.

TABLE 2.—*Number of Internships by Type of Service, 1951-1952*

Type of Internship	Number of Approved Hospitals	Number of Internships: Filled Sept. 1, 1951	Number of Internships: Vacant Sept. 1, 1951	Percentage Filled Sept. 1, 1951	Number Requested as of Sept. 1, 1952
Rotating	811	6,702	2,660	72	9,678
Mixed	17	118	55	68	259
Straight					
Internal Medicine	78	418	116	78	553
Pathology	32	28	31	47	71
Pediatrics	42	129	30	80	167
Obstetrics and Gynecology	31	71	18	80	103
Surgery	70	226	155	69	422
Totals	253	873	350	71	1,316
Unclassified	9	113	46	71	214
Grand Totals	1,093*	7,866	3,111	72	11,467

* Number of internship programs in 865 approved hospitals.

INTERNSHIPS BY TYPE OF HOSPITAL CONTROL

The distribution of internships according to type of hospital control is shown in table 3. Federal hospitals accounted for 6.3% of the total number of internships, with 727 positions available, the other governmental hospitals (nonfederal) representing 29.7%, with 3,404 internships, and the nongovernmental group offering 64% of the total, with 7,336 internships requested as of

TABLE 3.—*Number of Internships by Type of Hospital Control, 1951-1952*

Control	Number of Approved Hospitals	Number of Internships: Filled Sept. 1, 1951	Number of Internships: Vacant Sept. 1, 1951	Percentage Filled Sept. 1, 1951	Number Requested as of Sept. 1, 1952
Federal					
U. S. Army*	11	198	18	92	186
U. S. Navy*	14	136	27	83	97
U. S. Public Health Service	11	114	2	98	114
Veterans Administration	14	71	146	33	298
Other Federal	2	24	9	63	32
Totals	52	543	202	73	727
Governmental (Non-Federal)					
State	23	549	115	83	733
County	30	694	81	86	800
City	53	1,121	367	75	1,560
City-County	15	257	26	91	278
Totals	121	2,621	589	81	3,404
Non-Governmental					
Church Related	288	1,537	984	61	2,589
Non Profit Assn.-Corp.	302	2,830	1,178	71	4,241
Other Non-Governmental	42	335	158	69	506
Totals	632	4,702	2,320	67	7,336
Grand Totals	805	7,866	3,111	72	11,467

* Internships in two of the 11 Army and six of the 14 Navy hospitals had not been allocated at the date of this report.

TABLE 4.—*Number of Internships by Medical School Affiliation and Bed Capacity, 1951-1952*

Classification	Number of Approved Hospitals	Number of Internships: Filled Sept. 1, 1951	Number of Internships: Vacant Sept. 1, 1951	Percentage Filled Sept. 1, 1951	Number Requested as of Sept. 1, 1952
Non-Affiliated					
Under 175 beds	146	467	282	59	741
175-249	191	845	521	69	1,383
250-324	153	915	480	66	1,512
325-399	56	455	219	68	689
400-over	84	1,295	431	75	1,866
Totals	630	3,977	1,942	67	6,191
Major Teaching					
Under 175 beds	11	54	17	76	73
175-249	20	172	38	83	231
250-324	15	134	51	72	190
325-399	18	224	64	78	297
400-over	90	2,875	612	81	3,441
Totals	154	3,559	782	81	4,232
Minor Teaching					
Under 175 beds	9	41	26	61	65
175-249	21	93	64	59	170
250-324	15	90	83	52	174
325-399	13	88	98	48	189
400-over	23	318	116	73	446
Totals	81	630	387	62	1,044
Grand Totals	865	7,866	3,111	72	11,467

Sept. 1, 1952. The number of interns assigned as of Sept. 1, 1951 for these three categories were as follows: federal hospitals 543 interns, or 6.6% of the total number assigned; other governmental hospitals, 2,621 interns, or 33.3%, and the nongovernmental hospitals 4,702 interns, or 60.1%. There was no major disparity between the percentages of internships offered for each of these three major categories and the percentages of the total number of positions filled in each group, although the nonfederal governmental group did obtain a higher percentage of the number of positions filled as compared to their percentage of internships requested, these percentages being 33.3% and 29.7% respectively.

Considering the percentages of positions filled from the standpoint of the number of internships offered by type of hospital, however, three of the federal services, the Public Health Service hospitals, with an occupancy rate of 98%, Army hospitals, with a rate of 92%, and Navy hospitals, showing 83% of their positions filled, were well above the average internship occupancy for all hospitals, which was 72%. The low percentage of internships filled in Veterans Administration hospitals may be explained in part by the fact that, while several of these hospitals were approved at the time they reported their position vacancies, their programs had only recently been established and a full complement of interns had not yet been appointed.

All categories of nonfederal governmental hospitals had higher percentages of their positions filled than did hospitals as a whole; city-county hospitals showed an occupancy rate of 91%, county hospitals 89%, state institutions 83%, and city hospitals 75%, with an average for the class of 81%, or 9% above the national average.

Nongovernmental hospitals as a class had the lowest average occupancy of the three, showing 67% of their positions filled; within the group, church-related hospitals had the lowest rate of positions filled, 61%; the nonprofit association hospitals, representing the largest number of hospitals, 362, as well as the largest number of internships for any one type, 4,241, had 71% of positions filled, only slightly below that of the over-all average.

INTERNSHIPS BY MEDICAL SCHOOL AFFILIATION AND HOSPITAL BED CAPACITY

For the purposes of this report and in the list of approved internships, hospitals have been classified as to their affiliation with a medical school on the basis of the extent to which the schools utilize these hospitals for undergraduate instruction. Thus, a major teaching hospital is one that is considered by the school as a major unit in its undergraduate teaching program, while a minor teaching hospital is one used to a limited extent by the school. Nonaffiliated hospitals are those that have not been identified by a medical school as participating in their undergraduate teaching program.

In table 4, 154 hospitals have been designated as major teaching hospitals. They offer 4,232 internships, or 36.9% of the total, had 3,259 interns assigned as of Sept. 1, 1951, representing 41.4 of all interns assigned, and had an occupancy rate for the group of 81% as compared with the over-all average of 72%. Minor teaching hospitals numbered 81. They showed 1,044 internships requested this year, or 9.1% of the total, reported 630 interns on duty Sept. 1, 1951, representing 8.0% of those assigned, and had 62% of their positions filled as of that date. The nonaffiliated hospitals, 630 in number, show 6,191 internships requested, or 54% of the total, had 3,977 internships filled Sept. 1, 1951, which was 50.6% of the total number assigned, and had an average rate for the group of 67% of internships occupied as of Sept. 1, 1951.

Considering the size of the hospital, those of less than 175 bed capacity in the major teaching and nonaffiliated groups were less successful in obtaining their full complement of interns than were hospitals in other ranges. Nonaffiliated hospitals of this size showed 59% of their internships filled, and major teaching hospitals in this range had 76% filled, compared with 67% and 81% respectively for the group.

There does not appear to be a direct correlation between the size of the hospital and the percentage of internships filled, except for hospitals of 400 beds and over. In general, these hospitals showed the highest percentage of positions occupied as of Sept. 1, 1951. The correlation, with the exception of hospitals of 400 beds and over,

TABLE 5.—*Stipends by Medical School Affiliation and Bed Capacity, 1951-1952*

(Excluding Federal Hospitals)

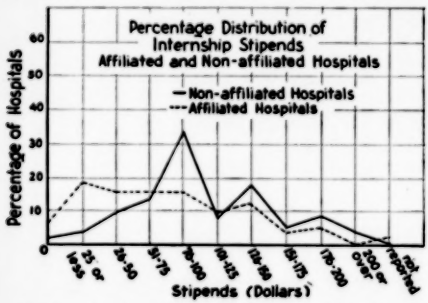
Classification	None	$25 or Less	$26-50	$51-75	$76-100	$101-125	$126-150	$151-175	$176-200	$200 Over	Not Reported	Number of Hospitals
Non-Affiliated												
Under 175 beds	1	2	8	8	59	12	44	4	7	9	..	145
175-249	..	..	13	25	60	17	29	9	18	3	..	180
250-324	..	3	12	20	46	13	24	10	14	5	1	148
325-399	..	5	14	10	15	2	6	1	4	2	..	59
400-over	4	5	9	17	15	6	3	3	5	1	2	70
Totals	5	15	56	80	195	50	106	27	48	20	3	602
Affiliated (Major and Minor Teaching)												
Under 175 beds	..	3	4	1	4	1	5	1	2	..	..	21
175-249	..	1	6	7	10	7	10	3	3	..	1	48
250-324	2	3	2	7	7	3	3	1	3	..	..	31
325-399	5	6	5	2	4	2	..	1	..	..	..	25
400-over	6	28	14	14	6	6	5	2	2	..	3	86
Totals	13	41	31	31	31	19	23	8	10	..	4	211
Grand Totals	18	56	87	111	223	69	129	35	58	20	7	813

seems to be an inverse one for the minor teaching hospitals, with the percentage of positions filled decreasing as the size of the hospital increases from those of under 175 bed range to those of bed capacities of 325-399. It is of interest to note that the category having the highest percentage of occupancy for all groups, 83%, was that which includes hospitals of from 175-249 beds in the major teaching group, while that having the lowest rate, one of 48%, comprised minor teaching hospitals of 325-399 beds. If, however, the data for hospitals of the same bed capacities are combined for all three groups, nonaffiliated, major teaching, and minor teaching, a direct correlation obtains between size of hospital and percentage of internships filled; i. e., hospitals of under 175 beds showed an occupancy rate of 61%, those of 175-249 beds, 64%, those of 250-324 beds, 65%, those with 325-399 beds, 67%, and those of 400 beds or over, 79%.

INTERNSHIP STIPENDS

The range of stipends offered in approved hospitals is shown in table 5 and graphically in table 6. In these two tables, federal hospitals have been excluded. The number

TABLE 6.—*Internship Stipends by Medical School Affiliation**



* Based on data from 602 non-affiliated and 211 affiliated hospitals (Non-Federal).

of hospitals in each category will differ, therefore, from the number of hospitals of the same bed capacities as found in table 4. The beginning stipends paid interns in federal hospitals, with the exception of those in the Veterans Administration, are established in accordance with government pay tables. Intern stipends in Veterans Administration hospitals are determined on the basis of the scale prevailing in the community.

An analysis of the data in tables 5 and 6 indicates that 70% of hospitals affiliated with medical schools paid stipends of $100 or less to their interns; 40% of this group of hospitals paid $50 per month or less, while 13 hospitals, or 6% in the group, paid no stipend. In the nonaffiliated group, 58% offered stipends of $100 or less, 12% paid $50 or less, and five hospitals, or less than 1%, offered only maintenance. Of the medical school affiliated hospitals, approximately 29% paid intern salaries in excess of $100 per month; 9% paid stipends exceeding $150 monthly, and no hospitals in this group offered salaries above $200. In the nonaffiliated group, 42% of the hospitals paid salaries of more than $100 per month, 16% exceeded $150, and 20 hospitals, representing 3% of the group, offered interns salaries exceeding $200 per month.

Almost one-half of the major and minor teaching hospitals, 103 in number, paid salaries ranging between $25 and $75 per month. For the nonaffiliated group, 151 hospitals, or 25%, paid comparable salaries. Again, of the school-affiliated group, 41 hospitals, representing less than 20% of the total, paid salaries in the ranges between $125-200 per month; 201 hospitals of the nonaffiliated hospitals, or slightly more than 33%, offered stipends in these ranges.

A direct comparison with stipends paid in 1951 is not possible, since the salary ranges last year were computed on a different basis. It can be stated, however, that there has been an increase in the number of hospitals paying stipends in the higher ranges, particularly those above $150 per month.

ADVISORY COMMITTEE ON INTERNSHIPS

A year ago, an Advisory Committee on Internships was appointed by the Council on Medical Education and Hospitals to study the place of the internship in present-day medical education and to consider the entire internship problem in its broader aspects. The committee included representatives from the profession, medical education, the major clinical divisions, and hospital administration. Members appointed to the committee were:

S. HOWARD ARMSTRONG, Chicago.
GRANVILLE BENNETT, Chicago.
ULRICH BRYNER, Salt Lake City.
JOHN LEONARD, Hartford, Conn.
JOHN MCK. MITCHELL, Philadelphia.
JOHN PAINE, Buffalo, N. Y.
JOHN ROMANO, Rochester, N. Y.
ANTHONY J. J. ROURKE, San Francisco.
ROBERT WILLSON, Philadelphia.
JOHN YOUMANS, Nashville, Tenn.
VICTOR JOHNSON, Chairman, Rochester, Minn.

The committee held several meetings during the past year at which plans for its study were formulated. It was early recognized that there was need for more factual information about the internship, including such questions as the reasons that prompt interns to seek training in some hospitals rather than in others, the influence of the internship in determining the location and type of subsequent practice, the number of physicians who take additional hospital training beyond the internship, and other pertinent matters. To obtain such information, a comprehensive questionnaire was sent early this year to all members of the graduating classes of 1937 and 1947. Returns were obtained from over 60% of these graduates. The committee is presently studying the results of this poll and will report its findings at a later date.

One of the projects that the committee has undertaken is the review of present requirements for approval for intern training. With a redefinition of the internship, the need for a revision of present standards for approval and a reevaluation of hospitals conducting intern training in the light of this concept is evident. It is anticipated that the major part of the committee's work will have been

completed this year. Whether additional investigation of the problem will be required will depend on the findings of the present study.

MATCHING PLAN FOR INTERNSHIP APPOINTMENTS

The Matching Plan, which was introduced last year as the official method for the appointment of interns, has proved successful in its initial operation. The large majority of both hospitals and students participated in the plan with satisfactory results. Well over 90% of students were appointed to internships of their first or second choice, and in about the same percentage of hospitals, interns who were appointed had been listed by the hospital as their first choice or in the first group of alternates.

The Matching Plan, as sponsored by the National Interassociation Committee on Internships, will again be the method for appointing interns this year. It has been adopted as the official cooperative plan by the constituent organizations represented on the committee, the Council on Medical Education and Hospitals of the A. M. A., the Association of American Medical Colleges, the American Hospital Association, the Catholic Hospital Association, and the Protestant Hospital Association. The medical departments of the federal services, all of which have liaison members on the committee, have signified their acceptance of the plan for the coming year.

It should be emphasized that the plan does not assign interns to hospitals. Its primary purpose is to facilitate the appointment procedure and to relieve the students from undue pressure in deciding on the hospital at which they wish to intern. The plan in no way interferes with the student's free selection of the hospital of his choice or with the hospital's preliminary negotiations with the intern. Through the matching procedure as carried out, the students expressed choice of hospital and the hospital's choice of applicants are given effect.

In view of the number of internships which were not filled during the past year, as reflected in the tables referred to in other sections of this report, it is evident that a number of hospitals were disappointed in their attempt to secure a full complement of interns. To blame the Matching Plan for this failure, however, is to misunderstand the procedures and principles by which the plan functions.

Last year, 795 hospitals, offering a total of 10,414 internships, participated in the plan. Of the 5,564 students appointed through the plan, 4,698 (84%) were matched with hospitals of their first choice. An additional 565 students (10%) were appointed to hospitals that the applicant had rated second in their confidential lists. The remaining 301 students (6%) received appointments in hospitals that they had rated from third to sixth choice, or were not appointed under the plan. The relatively few students who failed to obtain an appointment had in most instances applied to a small number of hospitals, all of which either had filled their positions with applicants they had rated higher or had indicated that they would not accept the applicant concerned.

The National Interassociation Committee on Internships has sent out agreements to senior medical students and to hospitals for participation in the plan for the coming year. A directory of participating hospitals will be forwarded to all seniors within the next few weeks. Preliminary indications at this time are that an even higher proportion of both students and hospitals will participate in this year's plan, the dates for which are found under the section on Council on Medical Education and Hospitals in this issue.

TABLE 7.—*Internship Hospitals with Highest Autopsy Rates, 1951-1952*

	FEDERAL		NONFEDERAL	
1	Murphy Army Hospital, Waltham, Mass.	100	University of Nebraska Hospital, Omaha, Neb.	92
2.	Percy Jones Army Hospital, Battle Creek, Mich.	100	Research and Educational Hospitals, Chicago, Ill.	91
3.	Valley Forge Army Hospital, Phoenixville, Pa.	97	Massachusetts General Hospital, Boston, Mass.	88
4.	Veterans Admin. Hospital, Salt Lake City, Utah.	96	St. Joseph Hospital, Tacoma, Wash.	87
5.	Brooke Army Medical Center, San Antonio, Texas.	95	University Hospital, Little Rock, Ark.	86
6.	U. S. Naval Hospital, Oceanside, Calif.	93	Women and Children's Hospital, Chicago, Ill.	84
7.	Veterans Admin. Hospital, Long Beach, Calif.	91	Children's Hospital, Los Angeles, Calif.	83
8.	Tripler Army Hospital, Honolulu, T. H.	91	Mary Hitchcock Memorial Hospital, Hanover, N. H.	83
9.	Veterans Admin. Hospital, Houston, Texas.	90	Mt. Sinai Hospital, Philadelphia, Pa.	82
10.	William Beaumont Army Hospital, El Paso, Texas.	89	Montana Deaconess Hospital, Great Falls, Mont.	82
11.	Army Medical Center, Washington, D. C.	88	Hospital of the University of Pennsylvania, Philadelphia, Pa.	81
12.	Letterman Army Hospital, San Francisco, Calif.	88	University of Minnesota Hospitals, Minneapolis, Minn.	81
13.	U. S. Naval Hospital, Bremerton, Wash.	87	Colorado General Hospital, Denver, Colo.	79
14.	U. S. Naval Hospital, Pensacola, Fla.	87	Evanston Hospital, Evanston, Ill.	78
15.	U. S. Naval Hospital, Great Lakes, Ill.	86	Milwaukee Children's Hospital, Milwaukee, Wis.	77
16.	Fitzsimons Army Hospital, Denver, Colo.	86	Children's Medical Center, Boston, Mass.	77
17.	U. S. Public Health Service Hospital, San Francisco, Calif.	86	St. Louis Children's Hospital, St. Louis, Mo.	77
18.	U. S. Naval Hospital, San Diego, Calif.	86	Albany Hospital, Albany, N. Y.	76
19.	Veterans Admin. Hospital, Los Angeles, Calif.	85	Tucson Medical Center, Tucson, Ariz.	76
20.	U. S. Public Health Service Hospital, Baltimore, Md.	82	University Hospital, Ann Arbor, Mich.	76

Residencies

The Council presently approves residency training in 27 specialties and subspecialties, and in general practice. The number of years for which the hospital is approved is included for the following specialties: anesthesiology, dermatology, neurological surgery, neurology, obstetrics-gynecology, orthopedic surgery, pathology, pediatrics, plastic surgery, psychiatry, radiology, surgery, and urology. The length of the approved program in these specialties has been determined with the concurrence of the appropriate American specialty board. In other fields, approval has been extended without designating the specific number of years for which the program is ac-

credited. Credit for training in these hospitals is granted by the board on an individual basis.

In internal medicine, residency programs are approved through the Conference Committee on Graduate Training in Medicine, representing the Council, the American Board of Internal Medicine, and the American College of Physicians. In the medical subspecialties of allergy, cardiovascular diseases, gastroenterology, and pulmonary diseases, approval is granted by the Council in collaboration with the appropriate subspecialty board of the American Board of Internal Medicine. Similarly, in surgery, programs leading to certification are approved through the Conference Committee on Graduate Training in Surgery, with representatives from the Council, the American Board of Surgery, and the American College of Surgeons acting jointly.

Two years ago, a special category of residency programs in surgery was established. Hospitals offering this type of program are approved by the Council as offering training in general surgery in preparation for a residency in one of the surgical specialties. The majority of the surgical specialty boards now either recommend or require a year or two of general surgery as part of their training requirements. The Council has presently approved 126 hospitals for this type of training, which is identified as Surgery Type B in this report. Programs in surgery leading to certification by the American Board of Surgery are identified as Surgery Type A. The specific purpose for which these programs are intended should be noted in considering the development of residencies of this type.

NUMBER OF RESIDENCIES BY SPECIALTIES

As of Sept. 15, 1952, there were 1,161 hospitals conducting residency training approved by the Council. Table 8 includes data on the number of approved programs, the number of residencies offered, the number filled as of Sept. 1, 1951, and the percentages of positions filled, by kind of program. In two specialties, internal medicine and surgery, there were over 1,500 first year residency positions available, with 1,875 offered in medicine and 1,576 in surgery. These two major clinical divisions, along with psychiatry, pediatrics, and obstetrics-gynecology, accounted for 5,676 of the 9,340 first year positions, or 60% of the total. First year residencies in anesthesiology, pathology, physical medicine, and radiology numbered 1,524, or 17%. The remaining 2,140 first year openings included appointments in 19 different specialties and subspecialties.

Specialties in which the number of positions were filled to the extent of 75% or more included cardiovascular diseases, 90%, dermatology, 80%, obstetrics-gynecology, 75%, ophthalmology, 88%, pediatrics, 80%, proctology, 80%, surgery (type A), 76%, and thoracic surgery, 77%. Programs that had less than 60% of their first year positions filled included contagious diseases, 53%, general practice, 45%, neurology, 58%, pathology, 56%, physical medicine, 55%, plastic surgery, 58%, and general surgery (type B program), 55%.

In considering the total number of residencies offered for all residency years, internal medicine and surgery again had the largest number of positions, with 4,018 residencies available in the former specialty and 3,977 in

TABLE 8.—*Number of Residencies by Specialty, 1951-1952*

Specialty	Number of Approved Programs	First Year Residencies		Percentage Filled	Total Residencies (All Years)		Percentage Filled
		Offered	Filled*		Offered	Filled*	
Allergy	13	14	10	71	27	15	56
Anesthesiology	199	408	284	70	812	587	72
Cardiovascular Disease	27	37	33	90	69	52	87
Contagious Diseases	12	43	23	53	59	32	53
Dermatology-Syphilology	82	112	90	80	227	203	90
Gastroenterology †	12	6	4	67	22	21	95
General Practice	93	266	119	45	371	142	40
Internal Medicine	579	1,875	1,256	67	4,018	3,003	75
Malignant Diseases	15	22	16	72	44	30	70
Neurological Surgery	89	98	61	62	240	198	83
Neurology	78	118	69	58	232	142	61
Obstetrics-Gynecology	406	754	564	75	1,739	1,453	83
Ophthalmology	164	213	188	88	521	485	93
Orthopedic Surgery	256	316	219	70	810	662	82
Otolaryngology	112	129	78	60	349	244	70
Pathology	437	585	330	56	1,325	751	57
Pediatrics	237	670	533	80	1,218	991	81
Physical Medicine ‡	41	38	21	55	85	47	55
Plastic Surgery	27	24	14	58	55	50	91
Proctology §	11	8	6	75	19	18	95
Psychiatry	246	801	495	62	1,936	1,370	71
Pulmonary Diseases	103	253	150	60	532	211	60
Radiology	377	493	318	65	1,175	875	74
Surgery A	503	1,576	1,202	76	3,977	3,504	88
Surgery B	126	195	107	55	276	151	55
Thoracic Surgery	56	72	57	79	136	115	85
Urology	239	214	129	60	560	439	78
Totals	4,519	9,340	6,576	68	20,045	15,851	77

Surgery A—Programs leading to certification by the American Board of Surgery.
Surgery B—Programs approved as offering training in general surgery in preparation for a residency in a surgical specialty.
* Number of residents reported assigned as of Sept. 1, 1951.
† First year residency positions in nine of the 12 hospitals had not been allocated at the date of this report.
‡ First year residency positions in 11 of the 41 hospitals had not been allocated at the date of this report.
§ First year residency positions in three of the 11 hospitals had not been allocated at the date of this report.

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the latter. These two, along with psychiatry, pediatrics, and obstetrics-gynecology, numbering 12,885, represented 60% of the total residencies offered. The group including anesthesiology, pathology, physical medicine, and radiology accounted for 16% of the total, with 3,397 residencies available. There were 4,363 residencies offered at all levels, first, second, and third years in the 19 other specialties.

All major specialties showed a drop in the percentage of first year residencies filled compared to that of positions filled for all years. This decrease was most marked in the following specialties: dermatology from 90 to 80%, gastroenterology, 95 to 67%, neurological surgery, 83 to 62%, orthopedic surgery, 82 to 70%, otolaryngology, 70 to 60%, plastic surgery, 91 to 55%, proctology, 95 to 75%, surgery (type A program), 88 to 76%, and urology, 78 to 60%.

With 15,851 out of a total of 20,645 residency positions reported filled as of Sept. 1, 1951, the over-all occupancy rate was 77%. In the first year group, there were 6,376 residents reported on duty as of that date, representing 68% of the total number of 9,340 positions offered. This decrease from 77% for the group, which includes residents at all levels of training, to 68% in the case of first year residents, indicates that a decrease in the percentage of positions filled for the next several years can be anticipated, unless there is a change in the number of applicants available as a result of the return of physicians from military service. While changes in the percentage of positions filled in each specialty are to be expected, that the over-all occupancy rate of 68% will remain relatively constant is likely in view of the present number of interns completing their training annually.

RESIDENCIES BY TYPE OF HOSPITAL CONTROL

An analysis of residency positions based on the type of hospital control is presented in table 9. A total of 1,123 hospitals offer 9,340 first year residencies and 20,645 residencies at all levels, in 4,519 approved programs. The federal hospitals, 105 in number, with 631 separate programs, offer 1,428 first year positions, or 15% of the total, and 3,283 residencies for all levels, representing 14% of these positions. Within the federal services, the Veterans Administration programs accounted for 88% of the first year residencies and for 86% of the total residencies within the class.

The nonfederal governmental hospitals, 291 in number, offered 3,020, or 32% of the first year appointments and 6,670, also 32% of the total number of residencies. There were 2,712 residency programs being conducted in 727 nongovernmental hospitals, including the church-related, nonprofit association, and other civilian-type institutions. Residency programs in these hospitals included 4,892 first year residencies, representing 53% of this category, and 10,692 positions at all levels, or 54% of the total number.

In considering the number of positions filled, the federal hospitals showed the greatest decrease in comparing the rate of occupancy for all residents with that for first year positions. The occupancy rate in federal hospitals for all positions was 88%, while the rate for the first year group was 63%. Much of this decrease is accounted for by the Veterans Administration hospitals in which the rate fell from 76% for all residencies to 54% for first year positions.

Comparable figures for the nonfederal governmental group showed 77% of the total residencies within the group filled and 74% of first year residencies. The nongovernmental hospitals showed 73% occupancy of the first year positions and 70% for the total number of residencies. For the three groups, 77% of all residencies were occupied on Sept. 1, 1951, and 68% of all first year positions. These data indicate that the Veterans Administration hospitals are now obtaining a lower proportion of residents than are hospitals in any other single category. Excluding these hospitals, the residency occupancy rate for first year positions is approximately that for internships, 72%.

In this review of the tables presented on internship and residency positions, the number of positions filled rather than the number of positions vacant has been used as the point of reference. This has been done because in many discussions of the problems involved in internship and residency staffing the number of vacancies has been emphasized, while the increase in absolute numbers of interns and residents serving in hospitals has been minimized, if not lost sight of. Thus, while there were relatively few if any residency positions vacant in 1940, the total number of residents on duty in hospitals in this country probably numbered less than 4,500. On the other hand, although 23% of residency positions were unfilled as of Sept. 1 last year, there were 15,851 residents on duty. This is not to underemphasize the problems relating to the present situation with respect to house staff vacancies but rather to stress the necessity of considering the matter from a more positive approach. While the point may not be as valid in considering internships, the fact that last year there were 7,866 interns on duty in hospitals in this country should not be overlooked in studying the problem of intern supply and distribution.

TABLE 9.—*Number of Residencies by Type of Hospital Control, 1951-1952*

Control	Number of Approved Hospitals	Number of Programs	Number of Residencies: First Year Appointments, Requested	First Year Appointments, Filled	Total (All Years), Requested	Total (All Years), Filled
Federal						
U. S. Army *	16	88	57	128	174	412
U. S. Navy *	8	82	35	34	99	146
U. S. Public Health Service	11	34	47	30	138	137
Veterans Administration	68	414	1,268	677	2,803	2,120
Other Federal	2	13	21	27	69	66
Totals	105	631	1,428	902	3,283	2,881
Governmental (Non-Federal)						
State	142	453	1,080	804	2,714	2,098
County	62	227	584	390	1,145	828
City	71	429	1,207	919	2,489	1,955
City-County	16	69	149	159	322	236
Totals	291	1,178	3,020	2,252	6,670	5,117
Non-governmental (all types)	727	2,712	4,892	3,222	10,692	7,853
Grand Totals	1,123	4,521	9,340	6,376	20,645	15,851

* First year residency positions in 10 of the 16 Army and five of the eight Navy hospitals had not been allocated at the date of this report.

APPROVED INTERNSHIPS

Council on Medical Education and Hospitals of the American Medical Association
535 North Dearborn Street, Chicago 10

Revised to September 1, 1952

HOSPITALS, 868, INTERNSHIPS, 11,253 *

The following general hospitals, investigated and approved by the Council on Medical Education and Hospitals, are considered in position to furnish acceptable intern training in accordance with standards adopted by the American Medical Association. Three types of internships are approved by the Council—rotating, mixed and straight:

1. A rotating internship is defined as one which provides supervised experience in internal medicine, surgery, pediatrics, obstetrics and their related subspecialties, together with experience in laboratory and radiologic diagnosis.

2. A mixed internship is defined as one which provides supervised experience in two or more, but not in all, of the clinical divisions named.

3. A straight internship is defined as one which provides supervised experience in a single department, although it may include limited opportunity for work in a related subspecialty. Straight internships are now approved in internal medicine, surgery, pediatrics, obstetrics (with or without gynecology) and pathology.

Hospitals approved for internships that are used by medical schools for undergraduate clinical clerkships on inpatient services have been identified in the following lists by the symbols **X** and **x**. Hospitals have been identified with symbol **X** when a medical school has indicated that the hospital is a major unit in the school's teaching program. Hospitals have been identified with the symbol **x** when a medical school has indicated that the hospital is used to a limited extent in the school's teaching program. Certain internships in hospitals designated as teaching hospitals may not provide for assignments to teaching services. Other internships may provide for only a portion of the internship period being spent on teaching services. Prospective interns desiring specific information concerning internship assignments to teaching services in a hospital are advised to communicate with the dean of the medical school with which the hospital is affiliated. Medical school affiliations are indicated by footnotes 10 to 84 placed immediately after the symbol **X** or **x**. The list of medical schools appears on page 293. The plus (+) sign indicates additional approval for residencies in specialties, as shown in the Council's list of Approved Residencies and Fellowships. The beginning stipends for Federal hospitals have not been listed; they are established in accordance with government pay tables.

* Does not include 186 unclassified internships.

FEDERAL

Name of Hospital	Location	Control	Total Beds	Number Patients Admitted	Type of Internship	Number of Internships	Length of Program (Months)	Affiliated Service	Outpatient Service	Autopsy Percentage	Beginning Stipend (Month)
UNITED STATES ARMY—Hospitals, 11; Internships, 210											
Army and Navy General Hospital *	Hot Springs, Ark.	Fed	450	2,834	R	..	12	No	Req	74	...
Letterman Army Hospital [+]	San Francisco, Calif.	Fed	2,000	12,332	R	..	12	No	None	88	...
Fitzsimons Army Hospital [+]	Denver, Colo.	Fed	2,250	10,055	R	..	12	No	Req	86	...
Army Medical Center [+]x18-19	Washington, D. C.	Fed	1,700	16,031	R	..	12	No	Req	88	...
Murphy Army Hospital [+]	Waltham, Mass.	Fed	450	3,168	R	..	12	No	Req	100	...
Percy Jones Army Hospital [+]	Battle Creek, Mich.	Fed	1,340	10,302	R	..	12	No	Req	100	...
Valley Forge Army Hospital [+]	Phoenixville, Pa.	Fed	1,800	5,394	R	..	12	(2-8)	Req	97	...
William Beaumont Army Hospital	El Paso, Texas	Fed	1,200	13,045	R	..	12	No	Req	89	...
Brooke Army Medical Center [+]	San Antonio, Texas	Fed	2,100	21,344	R	..	12	No	Req	95	...
Madigan Army Hospital [+]x32	Tacoma, Wash.	Fed	1,400	15,448	R	..	12	No	Req	75	...
Tripler Army Hospital *	Honolulu, T. H.	Fed	1,000	21,817	R	..	12	No	None	91	...
UNITED STATES NAVY—Hospitals, 14; Internships, 178											
U. S. Naval Hospital [+1-3]	Oakland, Calif.	Fed	2,500	19,300	R	..	12	No	Req	79	...
U. S. Naval Hospital	Oceanside, Calif.	Fed	1,350	12,944	R	..	12	No	Req	93	...
U. S. Naval Hospital [+]	San Diego, Calif.	Fed	2,800	27,443	R	..	12	No	Req	86	...
U. S. Naval Hospital [1]	Jacksonville, Fla.	Fed	700	7,710	R	..	12	No	Req	73	...
U. S. Naval Hospital [1]	Pensacola, Fla.	Fed	375	7,255	R	..	12	No	Req	87	...
U. S. Naval Hospital [+1-3]	Great Lakes, Ill.	Fed	1,740	16,991	R	..	12	No	Req	86	...
U. S. Naval Hospital [+1-3-x13]	Bethesda, Md.	Fed	1,100	14,073	R	..	12	No	Req	80	...
U. S. Naval Hospital [+1-3-x36]	Chelsea, Mass.	Fed	975	7,923	R	..	12	No	Req	73	...
U. S. Naval Hospital [+1-3]	St. Albans, N. Y.	Fed	2,200	10,245	R	..	12	No	Req	69	...
U. S. Naval Hospital [+]x69	Philadelphia, Pa.	Fed	1,950	17,304	R	..	12	No	Req	84	...
U. S. Naval Hospital	Newport, R. I.	Fed	675	7,169	R	..	12	No	Req	67	...
U. S. Naval Hospital [1]	Charleston, S. C.	Fed	607	6,442	R	..	12	No	Req	58	...
U. S. Naval Hospital [+]	Portsmouth, Va.	Fed	2,500	21,703	R	..	12	No	Req	80	...
U. S. Naval Hospital [1]	Bremerton, Wash.	Fed	550	6,023	R	..	12	No	Req	87	...
UNITED STATES PUBLIC HEALTH SERVICE—Hospitals, 11; Internships, 114											
U. S. Public Health Service Hospital [+1-3]	San Francisco, Calif.	Fed	484	6,128	R	..	12	(146)	Req	86	...
U. S. Public Health Service Hospital [+1-4]	Chicago, Ill.	Fed	294	2,308	R	..	12	(143)	Req	68	...
U. S. Public Health Service Hospital [+1-4]	New Orleans, La.	Fed	436	5,459	R	..	12	No	Req	58	...
U. S. Public Health Service Hospital [+1-4]	Baltimore, Md.	Fed	400	6,436	R	..	12	No	Req	82	...
U. S. Public Health Service Hospital [+3]	Boston, Mass.	Fed	340	4,072	R	..	12	(168)	Req	62	...
U. S. Public Health Service Hospital [+1-3]	Detroit, Mich.	Fed	250	2,343	R	..	12	(179)	Req	77	...
U. S. Public Health Service Hospital [+1-3-4]	Stapleton, S. I., N. Y.	Fed	993	11,709	R	..	12	(244)	Req	66	...
U. S. Public Health Service Hospital [+1-3-4]	Cleveland, Ohio	Fed	245	3,089	R	..	12	(236)	Req	62	...
U. S. Public Health Service Hospital [+x76]	Galveston, Texas	Fed	200	2,700	R	..	12	(200)	Req	80	...
U. S. Public Health Service Hospital [1]	Norfolk, Va.	Fed	316	4,125	R	..	12	(272)	Req	60	...
U. S. Public Health Service Hospital [+1-3-4-x82]	Seattle, Wash.	Fed	458	5,360	R	..	12	(274)	Req	78	...
FEDERAL SECURITY AGENCY—Hospitals, 2; Internships, 32											
Freedmen's Hospital [+1-3-4-X20]	Washington, D. C.	Fed	482	8,039	R	20	12	No	None	41	...
St. Elizabeth's Hospital [+1-3-4-x18-X19]	Washington, D. C.	Fed	403	2,758	R	12	12	(184)	Req	66	...
VETERANS ADMINISTRATION—Hospitals, 14; Internships, 280											
Veterans Admin. Hospital [+]x11	Little Rock, Ark.	Fed	410	4,085	R	8	12	(103)	Req	72	...
Veterans Admin. Hospital [+]	Long Beach, Calif.	Fed	1,000	15,376	R	24					
					S	10	12	(168)	None	91	...
Veterans Admin. Hospital [+1-3]	Los Angeles, Calif.	Fed	1,449	12,241	R	40	12	(130)	Req	85	...
Veterans Admin. Hospital [+1-3-x17]	Newington, Conn.	Fed	339	3,658	S	28	12	(128)	None	77	...
Veterans Admin. Hospital [+]x21	Chamblee, Ga.	Fed	524	7,210	S	10	12	(135)	Req	74	...
Veterans Admin. Hospital [+1-3-x49]	Dearborn, Mich.	Fed	1,028	8,278	R	20	24	(174)	Req	61	...
Veterans Admin. Hospital [+]x62	Oklahoma City, Okla.	Fed	220	3,054	R	7	12	No	None	62	...
Veterans Admin. Hospital [+]x74	Nashville, Tenn.	Fed	500	7,170	S	15	12	No	None	64	...
Veterans Admin. Hospital [+]	Dallas, Texas	Fed	.....	.....	S	..	..	...	...	...	...
Veterans Admin. Hospital [+1-3-X77]	Houston, Texas	Fed	804	6,002	R	50	12-24	(267)	Req	90	...
Veterans Admin. Hospital [+]x75	McKinney, Texas	Fed	619	7,225	S	32	12	(268)	None	81	...
Veterans Admin. Hospital [+]x79	Salt Lake City, Utah.	Fed	294	3,083	S	10	12	(282)	None	90	...
Veterans Admin. Hospital [+]x81	Richmond, Va.	Fed	1,026	7,472	S	18	12	No	None	59	...
Veterans Admin. Hospital [+]x82	Seattle, Wash.	Fed	264	3,812	S	8	12	No	None	78	...

Abbreviations and other references will be found on pages 293 and 294.

NONFEDERAL

Name of Hospital	Location	Control	Total Beds	Number Patients Admitted	Type of Internship	Number of Internships	Length of Program (Months)	Affiliated Service	Outpatient Service	Autopsy Percentage	Beginning Stipend (Month)
ALABAMA—Hospitals, 6; Internships, 90											
Carraway Methodist Hospital [1]	Birmingham	Church	225	8,174	R	7	12	No	None	33	100
Jefferson-Hillman Hospital [1-3-X10]	Birmingham	State	600	19,670	R	10					
					S	40	12	No	Req	52	25
St. Vincent's Hospital [1]	Birmingham	NPAssn	200	6,388	R	6	12	No	Req	26	150
Lloyd Noland Hospital [1-3-X10]	Fairfield	NPAssn	300	8,618	R	12	12	No	Req	56	75
Holy Name of Jesus Hospital [1-3]	Gadsden	Church	136	6,158	R	3	12	No	Req	33	75
City Hospital [4]	Mobile	CyCo	282	8,543	R	12	12	No	Req	39	150
ARIZONA—Hospitals, 6; Internships, 48											
Good Samaritan Hospital [1]	Phoenix	Church	230	13,343	R	10	12	(100)	None	42	175
Maricopa County General Hospital [4]	Phoenix										
Memorial Hospital [1-3]	Phoenix	NPAssn	200	10,315	R	10	12	(100)	Req	37	200
St. Joseph's Hospital [1-3]	Phoenix	Church	192	9,845	R	10	12	No	Req	62	150
St. Mary's Hospital and Sanatorium [1-3]	Tucson	Church	275	9,978	R	6	12	(101)	Req	41	100
Tucson Medical Center [1-3]	Tucson	NPAssn	254	6,807	R	12	12	(101)	None	76	100
ARKANSAS—Hospitals, 3; Internships, 43											
Arkansas Baptist Hospital [1-3]	Little Rock	Church	280	11,907	R	12	12	No	None	23	125
St. Vincent Infirmary [1-3]	Little Rock	Church	200	8,545	R	9	12	(102)	Req	30	125
University Hospital [1-3-X11]	Little Rock	State	204	7,297	R	14					
					S	8	12	No	None	86	120
CALIFORNIA—Hospitals, 47; Internships, 760											
General Hospital of Riverside County [1-3]	Arlington	County	321	8,786	R	8	12	(104)	Req	48	158
Herrick Memorial Hospital [1-3-4]	Berkeley	NPAssn	190	7,972	R	6	12	No	Req	66	35
San Joaquin General Hospital [1-3]	French Camp	County	696	8,421	R	12	12	No	Req	64	150
General Hospital of Fresno County [1-3-4]	Fresno	County	639	10,314	R	13	12	No	Req	53	142
Glendale Sanitarium and Hospital [1-3]	Glendale	Church	225	8,962	R	9	12	No	Req	53	151.75
Loma Linda Sanitarium and Hospital [1-3-X12]	Loma Linda	Church	166	5,004	R	5	12	(105)	Req	64	130
Long Beach Community Hospital [1-3]	Long Beach	NPAssn	150	7,466	R	3	12	(129)	Req	20	75
St. Mary's Long Beach Hospital [2]	Long Beach	Church	250	11,495	R	6	12	No	Req	23	125
Seaside Memorial Hospital [1-3]	Long Beach	NPAssn	270	14,114	R	12	12	(106)	Req	27	50
California Hospital [1-3]	Los Angeles	Church	305	14,619	R	14	12	(107)	Req	43	75
Cedars of Lebanon Hospital [1-3]	Los Angeles	NPAssn	310	12,326	R	14	12	(108)	Req	51	80
Children's Hospital [1-3-X16]	Los Angeles	NPAssn	202	7,236	S	3	12	(109)	Req	83	40
Hospital of the Good Samaritan [1-3]	Los Angeles	Church	400	12,821	R	14	12	(110)	Req	48	90
Los Angeles County General Hospital [1-3-4-X13-14]	Los Angeles	County	3,256	70,172	R	135	12	No	Req	38	75
Methodist Hospital of Southern California [1-3]	Los Angeles	Church	206	10,372	R	12	12	No	Req	30	75
Presbyterian Hospital-Olmstead Memorial [1]	Los Angeles	Church	300	11,970	R	11	12	(111)	Req	36	60
Queen of Angels Hospital [1-3]	Los Angeles	Church	502	19,664	R	20	12	No	Req	38	75
St. Vincent's Hospital [1-3]	Los Angeles	Church	230	9,313	M	6	12	No	None	44	80
Santa Fe Coast Lines Hospital [4]	Los Angeles	NPAssn	196	4,212	M	9	12	(112)	Req	57	90
White Memorial Hospital [1-3-X13]	Los Angeles	Church	207	9,644	R	16	12	No	Req	52	112.50
Highland-Alameda County Hospital [1-3]	Oakland	County	429	11,754	R	30	12	(113)	Req	54	75
Permanente Hospital [1-3]	Oakland	NPAssn	315	12,292	R	22	12	(114)	Req	59	75
Orange County General Hospital [1-3-4]	Orange	County	525	4,650	R	12	12	No	Req	41	154
Collis P. and Howard Huntington Memorial Hosp. [1-3]	Pasadena	NPAssn	291	10,981	R	9	12	No	Req	60	85
St. Luke's Hospital [1]	Pasadena	Church	170	9,032	R	3	12	No	None	42	75
Sacramento County Hospital [1]	Sacramento	County	470	11,327	R	18	12	No	Req	51	120
San Bernardino County Charity Hospital [4-X13]	San Bernardino	County	412	5,813	R	13	12	No	Req	57	130
Mercy Hospital [1-3]	San Diego	Church	348	16,205	R	10	12	No	Req	40	65
San Diego County General Hospital [1-3-4]	San Diego	County	766	8,303	R	14	12	No	Req	42	69
Children's Hospital [1-3-X12]	San Francisco	NPAssn	223	8,038	R	9	12	No	Req	61	75
Franklin Hospital [1-3]	San Francisco	NPAssn	250	8,092	R	12	12	No	None	48	65
French Hospital [1-3]	San Francisco	NPAssn	225	6,946	R	10	12	No	Req	42	50
Mary's Help Hospital [1-3]	San Francisco	Church	186	7,404	R	6	12	No	Req	25	75
Mount Zion Hospital [1-3-4]	San Francisco	NPAssn	284	8,564	R	15	12	No	Req	61	50
St. Joseph's Hospital [1-3]	San Francisco	Church	238	7,686	R	6	12	No	None	30	75
St. Luke's Hospital [1-3]	San Francisco	Church	229	8,233	R	8	12	No	Req	37	100
St. Mary's Hospital [1-3]	San Francisco	Church	371	11,617	R	20	12	No	Req	37	50
San Francisco Hospital [1-3-4-X12-15]	San Francisco	CyCo	1,203	24,372	R	63	12	No	Req	31	110
Southern Pacific General Hospital [1-3]	San Francisco	NPAssn	450	7,544	R	22	12	(115)	Req	56	100
Stanford University Hospitals [1-3-X15]	San Francisco	NPAssn	256	10,815	S	20	12	No	Req	56	25
University of California Hospital [1-3-X12]	San Francisco	State	286	8,199	S	23	12	(144)	Req	74	25
Santa Clara County Hospital [1-3-4]	San Jose	County	485	6,268	R	14	12	No	Req	45	90
Community Hospital of San Mateo County [4]	San Mateo	County	208	4,092	R	8	12	....	....	33	100
Santa Barbara County Hospital [1-3]	Santa Barbara	NPAssn	225	6,872	R	15	12	(121)	Req	70	60
St. John's Hospital [4]	Santa Monica	Church	193	8,362	R	6	12	No	Req	70	125
Santa Monica Hospital [1-3]	Santa Monica	Church	178	9,724	R	8	12	(120)	Req	41	75
Harbor General Hospital [1-3-4]	Torrance	County	800	8,724	R	36	12	No	None	43	75
COLORADO—Hospitals, 12; Internships, 135											
Glockner-Penrose Hospital [1-3]	Colorado Springs	Church	220	5,221	R	4	12	No	Req	58	50
General Rose Memorial Hospital [1-3]	Denver	NPAssn	250	10,675	R	8	12	(116)	Req	41	50
Mercy Hospital [1-3]	Denver	NPAssn	250	8,868	R	10	12	No	None	52	75
Porter Sanitarium and Hospital [1]	Denver	Church	225	6,471	R	7	12	(117)	None	57	102.50
Presbyterian Hospital [1-3-X16]	Denver	Church	200	8,062	R	8	12	(118)	Req	54	75
St. Anthony Hospital [1-3]	Denver	Church	235	9,550	R	12	12	(116)	Req	39	75
St. Joseph's Hospital [1]	Denver	Church	338	13,622	R	12	12	No	Req	38	75
St. Luke's Hospital [1-3]	Denver	Church	281	12,270	R	12	12	(122)	Req	50	75
University of Colorado Medical Center											
Denver General Hospital [1-3-X16]	Denver	State	309	6,067	R	16	12	No	None	79	50
Colorado General Hospital [1-X16]	Denver	CyCo	457	7,949	R	36	12	(153)	None	67	50
Weld County Public Hospital [4]	Greeley	County	108	4,560	R	6	12	(119)	Req	34	100
Corwin Hospital [1-3]	Pueblo	Church	206	6,042	R	4	12	No	None	40	100
CONNECTICUT—Hospitals, 21; Internships, 222											
Bridgeport Hospital [1-3]	Bridgeport	NPAssn	400	12,304	R	18	12	No	Req	39	100
St. Vincent's Hospital [1-3]	Bridgeport	Church	345	13,105	R	12	12	(131)	Req	30	100
Danbury Hospital [1-3]	Danbury	NPAssn	167	5,586	R	8	12	No	None	55	250
Greenwich Hospital [1-3]	Greenwich	NPAssn	193	5,170	R	5	12	(124)	Req	68	75
Hartford Hospital [1-3-4]	Hartford	NPAssn	810	26,804	R	24					
					S	14	24	No	Req	60	....
J. J. McCook Memorial Hospital [1-3]	Hartford	City	273	3,813	R	4	12	No	Req	38	110.40
Mount Sinai Hospital [1-3]	Hartford	NPAssn	115	4,515	R	4	12	No	Req	21	150
St. Francis Hospital [1-3-4]	Hartford	Church	500	19,297	R	20	12	(125)	Req	36	50
Manchester Memorial Hospital [1-3]	Manchester	NPAssn	160	5,148	R	4	12	(126)	Req	37	200

Abbreviations and other references will be found on pages 293 and 294.

Name of Hospital	Location	Control	Total Beds	Number Patients Admitted	Type of Internship	Number of Internships	Length of Program (Months)	Affiliated Service	Outpatient Service	Autopsy Percentage	Beginning Stipend (Month)
CONNECTICUT—Continued											
Meriden Hospital [1-3]	Meriden	NPAssn	121	6,345	R	4	12	No	Req	36	100
Middlesex Hospital [1-3]	Middletown	NPAssn	150	6,699	R	4	12	No	None	45	50
New Britain General Hospital [1]	New Britain	NPAssn	260	8,782	R	6	12	No	Req	57	90
Grace-New Haven Community Hospital											
Grace Unit [1-3]	New Haven	NPAssn	163	6,095	R	8	12	(127)	Req	29	...
New Haven Unit (University Service) [1-3-4-X17]	New Haven	NPAssn	542	14,595	S	35	12	(147)	Req	54	...
Hospital of St. Raphael [1-3]	New Haven	Church	370	12,347	R	12	12	No	Req	40	50
Lawrence and Memorial Associated Hospitals [1-3]	New London	NPAssn	233	7,280	R	4	12	No	None	14	75
Norwalk Hospital [1-3]	Norwalk	NPAssn	245	9,148	R	6	12	No	Req	43	100
William W. Backus Hospital	Norwich	NPAssn	150	5,291	R	3	12	No	Req	29	150
Stamford Hospital [1-3]	Stamford	NPAssn	232	7,636	R	10	12	No	Req	55	150
St. Mary's Hospital [1-3-4]	Waterbury	Church	332	13,027	R	9	12	No	Req	29	100
Waterbury Hospital [1-3-4]	Waterbury	NPAssn	335	11,613	R	8	12	No	Req	53	75
DELAWARE—Hospitals, 3; Internships, 31											
Delaware Hospital [1-3-4]	Wilmington	NPAssn	377	12,105	R	15	12	No	Req	57	100
Memorial Hospital [1-3-X24]	Wilmington	NPAssn	210	6,140	R	8	12	No	Req	41	100
Wilmington General Hospital [1-3]	Wilmington	NPAssn	187	6,197	R	8	12	No	Req	37	150
DISTRICT OF COLUMBIA—Hospitals, 9; Internships, 148											
Central Dispensary and Emergency Hospital [1-3-X19]	Washington	NPAssn	300	7,847	R	13	12	(133)	Req	47	200
Doctors Hospital [1-3]	Washington	Corp	237	10,088	R	8	12	(148)	None	63	200
Gallinger Municipal Hospital [1-3-X18-19-x20]	Washington	City	1,420	18,566	R	50	12	No	Req	45	75
Garfield Memorial Hospital [1-3]	Washington	NPAssn	302	10,250	R	14	12	No	Req	57	150
Georgetown University Hospital [1-3-X18]	Washington	Church	361	11,530	S	12	12	(137)	Req	59	25
George Washington University Hospital [1-3-X19]	Washington	NPAssn	405	12,733	R	23	12	(134)	Req	62	165
Providence Hospital [1-3]	Washington	Church	275	11,022	R	12	12	No	Req	59	100
Sibley Memorial Hospital [1-3]	Washington	Church	253	12,067	R	9	12	No	None	47	50
Washington Sanitarium and Hospital [1-3]	Washington	Church	226	6,168	R	7	12	No	Req	42	135
FLORIDA—Hospitals, 8; Internships, 101											
Duval Medical Center [2]	Jacksonville	County	330	7,209	R	12	12	No	Req	63	15
St. Luke's Hospital [2]	Jacksonville	NPAssn	215	8,666	R	4	12	No	None	25	100
St. Vincent's Hospital [1-3]	Jacksonville	Church	239	12,353	R	9	12	No	Req	40	100
Jackson Memorial Hospital [1]	Miami	County	509	18,200	R	42	12	No	Req	48	50
Mount Sinai Hospital [1-3]	Miami Beach	NPAssn	208	7,326	R	10	12	No	Req	41	150
St. Francis Hospital [1-3]	Miami Beach	Church	175	6,695	R	4	12	No	Req	37	75
Orange Memorial Hospital [1-3]	Orlando	NPAssn	205	10,679	R	12	12	No	Req	36	100
Tampa Municipal Hospital [1]	Tampa	City	360	11,282	R	8	12	No	Req	37	100
GEORGIA—Hospitals, 11; Internships, 154											
Athens General Hospital [1-3]	Athens	County	194	4,256	R	4	12	No	Req	24	200
St. Mary's Hospital [1-3]	Athens	Church	100	4,055	R	3	12	No	Req	28	150
Crawford W. Long Memorial Hospital [1-3]	Atlanta	Church	481	23,213	R	16	12	(135)	Req	48	75
Georgia Baptist Hospital [1-3]	Atlanta	Church	505	8,278	R	18	12	No	Req	35	125
Grady Memorial Hospital [1-3-X21]	Atlanta	County	610	10,797	S	44	12	No	Req	59	10
Piedmont Hospital [1-3]	Atlanta	NPAssn	122	6,591	R	8	12	(133)	None	50	150
St. Joseph's Infirmary [1-3]	Atlanta	Church	150	7,408	R	6	12	(133)	Req	41	150
University Hospital [1-3-X22]	Augusta	City	479	17,215	R	20	12	No	Req	22	50
Columbus City Hospital [1]	Columbus	City	226	10,047	R	10	12	No	Req	26	200
Emory University Hospital [1-X21]	Emory University	NPAssn	284	11,153	S	13	12	(133)	None	50	25
Macon Hospital [1]	Macon	Cy-Co	280	14,041	R	12	12	(136)	Req	32	175
ILLINOIS—Hospitals, 61; Internships, 780											
MacNeal Memorial Hospital [1-3]	Berwyn	NPAssn	165	8,520	R	10	12	No	Req	37	100
Alexian Brothers Hospital [1-3]	Chicago	Church	251	6,014	R	8	12	(123)	None	42	75
American Hospital [1-3]	Chicago	NPAssn	152	6,744	R	6	12	No	Req	38	25
Augustana Hospital [1-3]	Chicago	Church	275	8,071	R	10	12	No	Req	49	100
Chicago Memorial Hospital [1-3]	Chicago	NPAssn	93	2,760	R	5	12	(137)	Req	69	150
Columbus Hospital [1-X21]	Chicago	Church	450	9,278	R	16	12	(138)	Req	73	75
Cook County Hospital [1-3-4-X23-24-27-x28]	Chicago	County	3,200	68,041	R	124	24	No	Req	25	25
Edgewater Hospital [3]	Chicago	NPAssn	152	6,209	R	8	12	No	Req	41	100
Englewood Hospital [3]	Chicago	NPAssn	161	6,344	R	5	12	No	None	45	150
Evangelical Hospital [1-3]	Chicago	Church	195	8,023	R	7	12	No	None	26	100
Garfield Park Community Hospital [1]	Chicago	NPAssn	150	6,032	R	6	12	No	None	49	175
Grant Hospital [1-3-x26]	Chicago	NPAssn	240	6,641	R	10	12	No	Req	55	100
Henrotin Hospital [1-3]	Chicago	NPAssn	100	3,317	R	4	12	No	Req	54	125
Holy Cross Hospital [3]	Chicago	Church	143	6,541	R	6	12	No	Req	58	100
Hospital of St. Anthony de Padua [4]	Chicago	Church	217	7,870	R	9	12	No	None	29	150
Illinois Central Hospital [1-x26]	Chicago	NPAssn	272	9,749	R	12	12	(140)	Req	44	143
Illinois Masonic Hospital [1-3]	Chicago	NPAssn	400	8,737	R	12	12	No	Req	44	75
Jackson Park Hospital [1-3]	Chicago	Corp	146	5,361	R	6	12	No	None	35	150
Loretto Hospital [1-3-X27]	Chicago	Church	138	5,001	R	6	12	No	Req	72	150
Lutheran Deaconess Home and Hospital [1-3]	Chicago	Church	186	6,952	R	5	12	No	None	38	100
Mercy Hospital [1-3-X27]	Chicago	Church	354	10,108	R	12	12	No	Req	46	25
Michael Reese Hospital [1-3-X26]	Chicago	NPAssn	727	18,213	R	37					
Mother Cabrini Memorial Hospital [1-3]	Chicago	Church	130	4,616	S	8	12	(141)	Req	72	25
					R	5	12	No	Req	33	100
Mount Sinai Hospital [1-3-X23]	Chicago	NPAssn	285	10,770	R	17					
					S	3	12	No	Op	49	25
Norwegian American Hospital [1-3]	Chicago	NPAssn	174	6,178	R	8	12	No	Req	40	100
Passavant Memorial Hospital [1-3-X24]	Chicago	NPAssn	265	7,850	R	11	12	(142)	None	61	25
Presbyterian Hospital [1-3-X26]	Chicago	NPAssn	450	12,536	R	20	12	No	None	66	25
Provident Hospital [1-3]	Chicago	NPAssn	205	6,016	R	9	12	No	Req	48	50
Ravenswood Hospital [1-3]	Chicago	NPAssn	207	9,223	R	8					
					S	1	12	No	Req	74	70
Research and Educational Hospitals [1-3-4-X26-x27]	Chicago	State	411	5,797	R	25					
					S	1	12	No	Req	91	15
Roseland Community Hospital [3]	Chicago	NPAssn	101	3,732	R	4	12	No	None	17	175
St. Anne's Hospital [1-3-x27]	Chicago	Church	325	11,686	R	10	12	No	None	39	125
St. Bernard's Hospital [3]	Chicago	Church	189	5,969	R	8					
					S	1	12	No	None	34	100
St. Elizabeth Hospital [1-3-x27]	Chicago	Church	224	10,308	R	8	12	No	None	40	100
St. Joseph Hospital [1-3-x27]	Chicago	Church	197	6,200	R	6	12	No	Req	48	100
St. Luke's Hospital [1-3-X24-x26]	Chicago	NPAssn	566	14,867	R	20	12	No	Req	67	25
St. Mary of Nazareth Hospital [3]	Chicago	Church	263	9,241	R	10	12	No	Req	30	150
South Chicago Community Hospital [3]	Chicago	NPAssn	235	9,200	R	8	12	No	None	28	200
Swedish Covenant Hospital [1-3]	Chicago	Church	196	6,367	R	8	12	No	Req	41	150
University of Chicago Clinics [1-3-4-X25]	Chicago	NPAssn	550	13,826	R	24					
					S	11	12	No	Req	74	...
Walther Memorial Hospital [1-3]	Chicago	Church	175	6,319	R	6	12	No	Req	33	100
Wesley Memorial Hospital [1-3-X24]	Chicago	Church	572	15,954	R	32	12	(142)	None	62	25

Abbreviations and other references will be found on pages 293 and 294.

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Name of Hospital	Location	Control	Total Beds	Number Patients Admitted	Type of Internship	Number of Internships	Length of Program (Months)	Affiliated Service	Outpatient Service	Autopsy Percentage	Beginning Stipend (Month)
ILLINOIS—Continued											
Women and Children's Hospital ♦[2-3]	Chicago	NPAssn	115	3,691	R	4	12	No	Req	84	50
Woodlawn Hospital ♦[1-3]	Chicago	NPAssn	140	4,375	R	5	12	No	None	68	100
Decatur and Macon County Hospital	Decatur	NPAssn	248	8,067	R	6	12	(297)	Req	22	150
St. Mary's Hospital [1-3]	East St. Louis	Church	200	6,727	R	12	12	No	None	28	150
Memorial Hospital [1]	Elmhurst	NPAssn	186	8,591	R	8	12	No	None	37	200
Evanston Hospital ♦[1-3]-X26	Evanston	NPAssn	337	9,345	R	18	12	(142)	Req	74	25
St. Francis Hospital ♦[1-3]	Evanston	Church	370	13,058	R	20	12	No	Req	57	125
Little Company of Mary Hospital ♦[1-3]-x27	Evergreen Park	Church	374	15,742	R	12	12	No	None	33	150
St. Joseph's Hospital ♦[1-3]	Joliet	Church	...	.....	R	5	12	No	Req	..	100
Moline Public Hospital [1-3]	Moline	City	108	8,262	R	3	12	No	Req	23	100
Oak Park Hospital [1]	Oak Park	Church	144	5,429	R	6	12	No	None	23	100
West Suburban Hospital ♦-x26	Oak Park	NPAssn	329	12,515	R	15	12	No	None	47	100
Methodist Hospital of Central Illinois ♦[1-3]	Peoria	Church	223	9,443	R	8	12	No	None	33	125
St. Francis Hospital ♦[1-3]	Peoria	Church	572	17,198	R	18	12	No	Req	43	75
St. Mary's Hospital [1-3]	Quincy	Church	200	7,248	R	6	12	No	Req	16	75
Rockford Memorial Hospital [1-3]	Rockford	NPAssn	131	5,655	R	4	12	No	None	51	150
St. Anthony Hospital ♦[1-3]	Rockford	Church	240	8,987	R	4	12	(145)	None	49	100
Swedish-American Hospital [1-3]	Rockford	NPAssn	210	5,738	R	6	12	No	None	40	150
Memorial Hospital [1-3]	Springfield	NPAssn	250	6,574	R	4	12	No	None	33	100
INDIANA—Hospitals, 16; Internships, 191											
St. Francis Hospital	Beech Grove	.....	...	.....	R	4	..	...	....	..	...
St. Catherine Hospital [1-3]	East Chicago	Church	311	9,932	R	7	12	No	None	73	150
Protestant Deaconess Hospital ♦[1]	Evansville	Church	245	11,737	R	4	12	No	Req	35	125
Lutheran Hospital [1]	Fort Wayne	Church	210	7,237	R	4	12	No	Req	27	200
Methodist Hospital [1-3]	Gary	Church	200	10,340	R	8	12	No	None	34	150
St. Mary's Mercy Hospital	Gary	Church	314	8,916	R	12	12	No	Req	27	150
St. Margaret Hospital ♦[1]	Hammond	Church	200	11,634	R	10	12	No	None	25	150
Indianapolis General Hospital ♦[1-3]-X29	Indianapolis	City	695	9,895	R	28	12	(152)	Req	43	90
Indiana University Medical Center ♦[1-3]-X29	Indianapolis	State	531	10,848	R	26					
					S	4	12	No	None	61	100
Methodist Hospital ♦[1-3]	Indianapolis	Church	624	23,360	R	26	12	No	Req	29	200
St. Vincent's Hospital ♦[1]	Indianapolis	Church	300	13,165	R	11	12	No	Req	48	200
St. Elizabeth Hospital ♦[1]	Lafayette	Church	305	9,110	R	12	12	No	Req	40	150
St. Joseph Hospital [1]	Mishawaka	Church	170	5,174	R	3	12	No	None	23	100
Ball Memorial Hospital ♦[1-3]	Muncie	NPAssn	248	8,098	R	8	12	No	None	35	75
Memorial Hospital ♦[1]	South Bend	NPAssn	219	9,774	R	8	12	No	Req	52	100
St. Joseph's Hospital [1]	South Bend	Church	183	9,027	R	6	12	(154)	Req	32	125
IOWA—Hospitals, 11; Internships, 95											
Mercy Hospital [1-3]	Cedar Rapids	Church	206	8,760	R	3	12	No	None	30	150
St. Luke's Methodist Hospital ♦[1-3]	Cedar Rapids	Church	274	9,148	R	6	12	No	None	44	100
Mercy Hospital [1]-X44	Council Bluffs	Church	185	5,836	R	6	12	(155)	None	30	100
Mercy Hospital [1-3]	Davenport	Church	300	9,748	R	6	12	No	None	28	150
Broadlawns Polk County Hospital ♦[1-3]	Des Moines	County	161	4,865	R	12	12	No	Req	39	100
Iowa Lutheran Hospital [1-3]	Des Moines	Church	200	6,797	R	6	12	No	Req	41	175
Iowa Methodist Hospital	Des Moines	Church	337	11,829	R	14	12	No	Req	55	100
Mercy Hospital ♦[1-3]	Des Moines	Church	200	10,152	R	8	12	(156)	Req	56	150
Mercy Hospital ♦[1-3]-x29	Iowa City	Church	192	5,943	R	6	12	No	Req	33	150
University Hospitals ♦[1-3]-X29	Iowa City	State	761	13,767	R	20	12	No	Req	71	35
St. Joseph Mercy Hospital [1-3]	Sioux City	Church	250	8,891	R	8	12	No	Req	15	175
KANSAS—Hospitals, 7; Internships, 81											
Bethany Hospital [1-3]	Kansas City	Church	150	6,879	R	6	12	No	None	51	100
Providence Hospital	Kansas City	Church	146	7,454	R	6	12	(157)	Req	45	100
St. Margaret's Hospital ♦	Kansas City	Church	196	5,697	R	6	12	No	Req	45	125
University of Kansas Medical Center ♦[1-3]-X33	Kansas City	State	474	10,419	R	33	12	No	None	74	25
St. Francis Hospital ♦[1-3]	Wichita	Church	465	18,922	R	12	12	No	Req	53	125
Wesley Hospital ♦[1-3]	Wichita	Church	280	14,949	R	12	12	(158)	Req	39	100
Wichita-St. Joseph Hospital [1-3]	Wichita	Church	250	8,254	R	6	12	(158)	Req	29	150
KENTUCKY—Hospitals, 10; Internships, 99											
St. Elizabeth Hospital [1-3]	Covington	Church	304	10,148	R	12	12	No	Req	28	125
William Booth Memorial Hospital [1-3]	Covington	Church	128	5,043	M	6	12	No	None	24	150
Good Samaritan Hospital ♦[1]	Lexington	Church	300	10,809	R	10	12	No	Req	32	100
St. Joseph Hospital ♦[1]	Lexington	Church	314	10,718	R	10	12	No	Req	45	100
Kentucky Baptist Hospital	Louisville	Church	285	12,340	R	10	12	(159)	None	26	175
Louisville General Hospital ♦[1-3]-X31	Louisville	City	532	9,280	R	20	12	(149)	Req	50	30
Norton Memorial Infirmary ♦[1-3]	Louisville	NPAssn	280	10,284	R	6	12	No	None	31	150
St. Anthony's Hospital	Louisville	Church	220	8,987	R	5	12	No	Req	30	150
St. Joseph Infirmary ♦[1]	Louisville	Church	418	15,805	R	15	12	(170)	Req	31	150
SS. Mary and Elizabeth Hospital [1]	Louisville	Church	175	7,736	R	5	12	(160)	Req	24	150
LOUISIANA—Hospitals, 10; Internships, 230											
Baptist Hospital ♦[1-3]	Alexandria	Church	187	8,208	R	4	12	(289)	None	34	100
Baton Rouge General Hospital ♦[1]	Baton Rouge	Church	250	9,985	R	5	12	No	Req	22	35
Charity Hospital of Louisiana ♦[1-3]-X32-33	New Orleans	State	2,961	52,570	R	122	12	No	Req	47	10
Hotel Dieu, Sisters Hospital ♦[1]	New Orleans	Church	292	13,121	R	12	12	(159)	Req	37	50
Mercy Hospital-Soniat Memorial	New Orleans	Church	125	5,700	R	6	12	No	None	27	150
Southern Baptist Hospital ♦[1]	New Orleans	Church	350	15,207	R	14	12	No	None	34	50
Touro Infirmary ♦[1-3]-x33	New Orleans	NPAssn	411	18,017	R	25	12	No	Req	68	20
North Louisiana Sanitarium [1]	Shreveport	Corp	129	4,376	R	3	12	(.62)	Req	19	150
Shreveport Charity Hospital ♦[1]	Shreveport	State	805	17,218	R	35	12	No	Req	34	20
T. E. Schumpert Memorial Sanitarium [1]	Shreveport	Church	107	5,914	R	4	12	No	None	48	250
MAINE—Hospital, 4; Internships, 26											
Eastern Maine General Hospital ♦[1]	Bangor	NPAssn	294	9,232	R	8	12	No	Req	43	75
Central Maine General Hospital ♦[1]	Lewiston	NPAssn	221	6,591	R	6	12	No	Req	37	100
St. Mary's General Hospital [1-3]	Lewiston	NPAssn	155	4,154	R	3	12	No	Req	28	80*
Maine General Hospital ♦[1-3]	Portland	NPAssn	341	8,908	R	9	12	No	Req	38	50
MARYLAND—Hospitals, 17; Internships, 244											
Baltimore City Hospitals ♦[1-3]-x34-X35	Baltimore	City	1,800	7,314	R	20					
					S	14	12	No	Req	66	15
Bon Secours Hospital ♦[1-3]	Baltimore	Church	168	5,575	R	6	12	(151)	Req	26	150
Church Home and Hospital ♦[1-3]	Baltimore	Church	174	5,309	R	5					
					S	1	12	(163)	Req	43	80
Franklin Square Hospital ♦[1-3]	Baltimore	NPAssn	200	6,033	R	6	12	No	Req	32	100
Hospital for Women ♦[1-3]	Baltimore	NPAssn	141	5,747	M	5	12	(151)	Req	53	25
Johns Hopkins Hospital ♦[1-3-4]-X34	Baltimore	NPAssn	981	20,335	S	63	12	No	Req	70	...
Lutheran Hospital ♦[1-3-4]	Baltimore	Church	187	6,891	R	7	12	No	Req	58	75

Abbreviations and other references will be found on pages 293 and 294.

Name of Hospital	Location	Control	Total Beds	Number Patients Admitted	Type of Internship	Number of Internships	Length of Program (Months)	Affiliated Service	Outpatient Service	Autopsy Percentage	Rectinning Stipend (Month)
MARYLAND—Continued											
Maryland General Hospital [1-3]	Baltimore	Church	229	6,556	R	8	12	No	Req	36	75
Mercy Hospital [1-3-4]X35	Baltimore	Church	291	9,567	R	14	12	No	Req	48	100
St. Agnes Hospital [1-3]	Baltimore	Church	216	7,340	R	4	12	No	Req	43	100
St. Joseph's Hospital [1-3-4]	Baltimore	Church	250	6,951	R	8	12	No	Req	31	100
Sinai Hospital [1-3-4]X34	Baltimore	NPAssn	312	11,088	R	20					
					S	1	12	No	Req	56	75
South Baltimore General Hospital [1-3]	Baltimore	NPAssn	154	5,014	R	6	12	No	Req	44	100
Union Memorial Hospital [1-3]	Baltimore	NPAssn	395	9,258	R	16	12	No	Req	49	25
University Hospital [1-3]X35	Baltimore	State	435	11,772	R	32	12	No	Req	55	50
Suburban Hospital [1-3]	Bethesda	Corp	115	5,087	M	3	12	No	Req	36	150
Washington County Hospital [1-3]	Hagerstown	NPAssn	297	8,665	R	5	12	No	Req	15	100
MASSACHUSETTS—Hospitals, 37; Internships, 391											
Beverly Hospital [1-3]	Beverly	NPAssn	186	5,490	R	6	12	No	Req	75	50
Beth Israel Hospital [1-3-4]X17-38	Boston	NPAssn	365	9,244	S	12	12	(164)	Req	53	...
Boston City Hospital [1-3-4]X36-37-38	Boston	City	2,376	36,872	S	94	12	No	Req	36	92
Carney Hospital [1-3]X38	Boston	Church	221	6,466	S	8	12	No	Req	31	75
Children's Medical Center [1-3-4]X17	Boston	NPAssn	440	8,307	S	10	12	(169)	Req	77	...
Faulkner Hospital [1-3]	Boston	NPAssn	144	4,028	M	2	12	No	None	57	25
Massachusetts General Hospital [1-3-4]X17	Boston	NPAssn	966	16,934	S	36	12	(165)	Req	88	23
Massachusetts Memorial Hospitals [1-3-4]X36	Boston	NPAssn	360	6,944	S	17	12	(166)	Req	64	...
New England Center Hospital [1-3-4]X36	Boston	NPAssn	170	6,208	S	17	12	(167)	Req	68	41.67
New England Hospital [1-3-4]X38	Boston	NPAssn	166	4,346	R	8	12	No	Req	47	35
Peter Bent Brigham Hospital [1-3-4]X17	Boston	NPAssn	250	5,249	S	20	12	(165)	Req	70	...
St. Elizabeth's Hospital [1-3-4]X38	Brighton	Church	400	10,339	R	10	12	No	Req	46	95
Brockton Hospital [1-3]	Brockton	NPAssn	165	5,116	R	4	12	No	Req	26	100
Cambridge City Hospital [1-3-4]X38	Cambridge	City	270	6,114	R	8	12	No	Req	78	100
Mount Auburn Hospital [1-3]	Cambridge	NPAssn	239	6,801	R	6	12	No	Req	47	50
Truesdale Hospital [1-3]	Fall River	NPAssn	153	4,896	R	6	12	No	Req	50	50
Union Hospital [1-3]	Fall River	NPAssn	170	5,331	R	4	12	No	Req	28	150
Burbank Hospital [1-3]	Fitchburg	City	250	6,035	R	4	12	No	Req	33	150
Holyoke Hospital [1-3-4]	Holyoke	NPAssn	139	4,190	R	3					
					S	1	12	No	Req	25	100
Lawrence General Hospital [1-3]	Lawrence	NPAssn	188	6,319	R	4	12	No	Req	56	100
Lowell General Hospital [1-3]	Lowell	NPAssn	183	5,404	R	3	12	No	Req	41	50
St. John's Hospital [1-3]	Lowell	Church	194	6,643	R	4	12	No	Req	38	100
St. Joseph's Hospital [1-3]	Lowell	Church	179	6,181	R	3	12	No	Req	22	100
Lynn Hospital [1-3]	Lynn	NPAssn	248	9,362	R	6	12	No	Req	39	100
St. Luke's Hospital [1-3]	New Bedford	NPAssn	273	8,281	R	6	12-24	No	Req	27	100
Newton-Wellesley Hospital [1-3]	Newton Lower Falls	NPAssn	232	6,900	R	6	12	No	Req	54	75
Pittsfield General Hospital	Pittsfield	NPAssn	197	5,197	R	2	12	No	Req	28	50
St. Luke's Hospital [1-3]	Pittsfield	Church	150	4,611	R	2	12	No	Req	28	100
Quincy City Hospital [1-3]	Quincy	City	238	10,208	R	12	12-24	No	Req	31	125
Salem Hospital [1-3-4]	Salem	NPAssn	242	8,100	R	6	12	No	Req	37	85
Mercy Hospital [1-3]	Springfield	Church	340	11,037	R	12	12	No	Req	35	100
Springfield Hospital [1-3]	Springfield	NPAssn	281	8,351	R	8	12	(172)	Req	32	25
Wesson Memorial Hospital [1-3]	Springfield	NPAssn	142	4,836	R	5	12	(172)	None	29	100
Waltham Hospital [1-3]X38	Waltham	NPAssn	174	5,136	R	4	12	No	Req	31	125
Memorial Hospital [1-3-4]	Worcester	NPAssn	269	9,030	R	10	12-24	No	Req	49	100
St. Vincent Hospital [1-3]	Worcester	Church	275	7,469	R	8	12	No	None	33	150
Worcester City Hospital [1-3-4]X38	Worcester	City	480	13,046	R	24	12	No	Req	31	50
MICHIGAN—Hospitals, 33; Internships, 524											
St. Joseph's Mercy Hospital [1-3-4]X39	Ann Arbor	Church	240	9,723	R	12	12	(173)	Req	61	160
University Hospital [1-3-4]X39	Ann Arbor	State	1,037	18,679	R	53	12	No	Req	76	167.50
Leila Y. Post Montgomery Hospital [1]	Battle Creek	Church	200	8,975	R	4	12	No	Req	57	125
City of Detroit Receiving Hospital [1-3-4]X40	Detroit	City	462	17,060	R	56	12	(178)	Req	58	181.50
Detroit Memorial Hospital [1]	Detroit	NPAssn	322	12,637	R	16	12	(175)	Req	45	200
Evangelical Deaconess Hospital [1-3]	Detroit	Church	185	8,687	R	6	12	No	Req	23	200
Grace Hospital [1-3-4]X40	Detroit	NPAssn	641	20,191	R	30	12	No	Req	37	200
Harper Hospital [1-3-4]	Detroit	NPAssn	559	23,344	R	36	12	(174)	Req	41	175
Henry Ford Hospital [1-3]	Detroit	NPAssn	600	18,846	R	40	12	No	Req	69	170
Jennings Memorial Hospital [1]	Detroit	NPAssn	130	3,681	R	4	12	(176)	None	39	200
Mt. Carmel Mercy Hospital [1]	Detroit	Church	450	21,436	R	20	12	No	Req	31	125
Providence Hospital [1]	Detroit	Church	372	18,909	R	16					
					S	4	12	(177)	None	50	200
St. Joseph's Mercy Hospital [1]	Detroit	Church	250	9,324	R	6	12	No	Req	43	150
Woman's Hospital [1-3]	Detroit	NPAssn	246	11,577	R	8	12	(180)	Req	50	180
Wayne County General Hosp. and Infirmary [1-3-4]X40	Eloise	County	534	6,909	R	36	12	(181)	Req	39	238
Hurley Hospital [1-3]	Flint	City	423	18,499	R	36					
					S	3	12	(182)	None	33	195
McLaren General Hospital [1-3]	Flint	NPAssn	243	5,622	R	6	12	(200)	Req	67	125
St. Joseph Hospital [1-3]	Flint	Church	230	12,440	R	6	12	No	Req	41	250
Blodgett Memorial Hospital [1-3]	Grand Rapids	NPAssn	179	9,259	R	12	12	(183)	Req	57	150
Butterworth Hospital [1-3]	Grand Rapids	NPAssn	280	15,432	R	18	12	No	Req	44	100
St. Mary's Hospital [1]	Grand Rapids	Church	256	10,048	R	12	12	No	Req	38	200
Highland Park General Hospital [1]	Highland Park	City	255	10,863	R	12	12	(189)	Req	34	210
Borgess Hospital [1-3]	Kalamazoo	Church	263	7,285	R	4	12	(184)	None	27	200
Bronson Methodist Hospital [1-3]	Kalamazoo	Church	200	6,880	R	4	12	No	Req	61	200
Edward W. Sparrow Hospital [1-3]	Lansing	NPAssn	281	14,981	R	14	12	(188)	Req	53	250
St. Lawrence Hospital [1]	Lansing	Church	275	10,557	R	12	12	(185)	None	47	225
Hackley Hospital [1-3]	Muskegon	NPAssn	187	7,308	R	5	12	No	None	33	100
Pontiac General Hospital [1-3]	Pontiac	City	188	10,278	R	8	12	(186)	Req	41	200
St. Joseph Mercy Hospital [1-3]	Pontiac	Church	239	12,296	R	12	12	(187)	Req	37	250
Saginaw General Hospital [1-3]	Saginaw	NPAssn	206	9,239	R	5	12	No	Req	65	250
St. Luke's Hospital [1]	Saginaw	Church	139	5,236	R	4	12	(188)	None	42	250
St. Mary's Hospital [1-3]	Saginaw	Church	172	7,994	R	4	12	No	Req	40	200
James Decker Munson Hospital [1-3]	Traverse City	NPAssn	134	5,077	R	4	12	No	None	45	225
MINNESOTA—Hospitals, 17; Internships, 212											
St. Luke's Hospital	Duluth	NPAssn	355	12,901	R	18	12	(189)	Req	66	75
St. Mary's Hospital [1-3]	Duluth	Church	285	11,014	R	12	12	(189)	Req	66	125
Abbott Hospital	Minneapolis	Church	132	7,776	R	4	12	(190)	None	53	125
Asbury Hospital [1-3]	Minneapolis	Church	168	7,273	R	8	12	No	None	49	100
Lutheran Deaconess Home and Hospital [1-3]	Minneapolis	Church	160	7,315	R	2	12	No	None	...	100
Minneapolis General Hospital [1-3-4]X41	Minneapolis	City	574	7,324	R	36	12	No	Req	55	50
Mount Sinai Hospital [1-3]	Minneapolis	NPAssn	197	6,532	R	6	12	No	None	53	100
Northwestern Hospital [1-3]	Minneapolis	NPAssn	260	10,946	R	8					
					S	1	12	No	None	49	175
St. Barnabas Hospital [1-3]	Minneapolis	NPAssn	302	10,363	R	8	12	No	None	67	125
St. Mary's Hospital [1-3]	Minneapolis	Church	325	17,417	R	10	12	(191)	None	49	75

Abbreviations and other references will be found on pages 293 and 294.

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Name of Hospital	Location	Control	Total Beds	Number Patients Admitted	Type of Internship	Number of Internships	Length of Program (Months)	Affiliated Service	Outpatient Service	Autopsy Percentage	Beginning Salary (Month)
MINNESOTA—Continued											
Swedish Hospital [1-3]	Minneapolis	NPAssn	429	15,026	R	8	12	No	None	35	100
University of Minnesota Hospitals [1-3-4]-X41	Minneapolis	State	553	10,330	S	38	12	(192)	Req	81	25
Ancker Hospital [4]-x41	St. Paul	CpCo	800	7,693	R	24	12	No	Req	69	50
Bethesda Hospital [1-3]	St. Paul	Church	162	8,005	R	2	12	(193)	Req	42	150
Charles T. Miller Hospital [1-3]	St. Paul	NPAssn	250	11,769	R	11	12	(194)	Req	63	50
St. Joseph's Hospital [1-3]	St. Paul	Church	284	13,782	R	12	12	(195)	Req	50	75
St. Luke's Hospital [1-3]	St. Paul	NPAssn	122	4,743	R	4	12	(196)	Req	30	100
MISSISSIPPI—Hospitals, 2; Internships, 16											
Mississippi Baptist Hospital [1]	Jackson	Church	200	12,795	R	12	12	No	None	23	50
Mercy Hospital-Street Memorial [1]	Vicksburg	Church	125	4,181	R	4	12	(197)	Req	25	100
MISSOURI—Hospitals, 24; Internships, 385											
St. Louis County Hospital [1]	Clayton	County	167	3,255	R	9	12	No	Req	56	71
Kansas City General Hospital No. 1 [1]	Kansas City	City	550	9,089	R	30	12	No	Req	62	50
Kansas City General Hospital No. 2 [1-3-4]	Kansas City	City	267	3,750	R	12	12	No	Req	42	50
Menorah Hospital Medical Center [1-3]-x39	Kansas City	NPAssn	293	7,991	R	12	12	No	Req	53	103
Research Hospital [1-3]	Kansas City	NPAssn	250	6,376	M	8	12	(199)	Req	59	100
St. Joseph Hospital [1]	Kansas City	Church	321	13,035	R	12	12	No	Req	51	100
St. Luke's Hospital [1-3]	Kansas City	Church	375	11,346	R	10	12	No	None	61	100
St. Mary's Hospital [1-3]	Kansas City	Church	300	9,628	R	10	12	(199)	None	53	100
Trinity Lutheran Hospital [1-3]	Kansas City	Church	145	5,884	R	6	12	(199)	Req	55	100
Missouri Methodist Hospital [1]	St. Joseph	Church	300	8,557	R	5	12	No	Req	32	125
St. Joseph's Hospital [1-3]	St. Joseph	Church	163	5,934	R	4	12	(200)	Req	23	200
Barnes Hospital [1-3]-X43	St. Louis	NPAssn	748	27,378	S	42	12	(248)	Req	73	10
Christian Hospital [3]	St. Louis	NPAssn	125	4,725	R	3	12	No	None	37	175
De Paul Hospital [1-3]	St. Louis	Church	270	10,631	R	11	12	No	Req	35	100
Evangelical Deaconess Hospital [1-3]	St. Louis	Church	253	8,666	R	9	12	No	Req	40	115
Homer G. Phillips Hospital [1-3-4]-x43-73	St. Louis	City	694	14,449	R	40	12	(201)	Req	24	107.80
Jewish Hospital [1-3]	St. Louis	NPAssn	298	9,487	R	14	12	No	Req	44	75
Missouri Baptist Hospital [1-3]	St. Louis	Church	450	12,737	R	8	12	No	None	27	100
St. Anthony's Hospital [1-3]-x42	St. Louis	Church	240	8,925	R	7	12	(202)	Req	33	100
St. John's Hospital [1]-x42	St. Louis	Church	302	10,889	R	17	12	(203)	Req	42	100
St. Louis Children's Hospital [1]-X43	St. Louis	NPAssn	136	3,631	S	4	12	(204)	Req	77	10
St. Louis City Hospital [1]-X42-43	St. Louis	City	1,049	14,917	R	30					
					S	40	12	No	Req	50	107.80
St. Luke's Hospital [1-3]	St. Louis	Church	184	5,612	R	8	12	No	Req	37	100
St. Mary's Group of Hospitals [1-3-4]-X42	St. Louis	Church	733	17,461	R	22					
					S	12	12	No	Req	49	60
MONTANA—Hospitals, 2; Internships, 12											
St. James Hospital [1-3]	Butte	Church	169	5,459	R	6	12	No	Req	34	150
Montana Deaconess Hospital [1]	Great Falls	Church	200	6,466	R	6	12	No.	Req	82	100
NEBRASKA—Hospitals, 9; Internships, 85											
Bryan Memorial Hospital [1-3]	Lincoln	Church	126	4,142	R	4	12	No	None	56	135
Lincoln General Hospital [1-3-4]	Lincoln	NPAssn	183	5,311	R	4	12	No	Req	55	135
St. Elizabeth Hospital [1-3]-X46	Lincoln	Church	220	6,971	R	6	12	No	Req	38	100
Bishop Clarkson Memorial Hospital [1-3]-X45	Omaha	Church	168	7,069	R	8	12	(205)	None	42	100
Creighton Memorial St. Joseph's Hospital [1-3]-X44	Omaha	Church	480	14,479	R	24	12	No	None	34	50
Immanuel Deaconess Institute [1]-X43	Omaha	Church	121	4,673	R	6	12	(212)	None	41	100
Nebraska Methodist Hospital [1-3]-X45	Omaha	Church	156	6,942	R	7	12	(212)	Req	57	100
St. Catherine's Hospital [1-3]-X46	Omaha	Church	200	7,276	R	10	12	(213)	None	29	100
University of Nebraska Hospital [1-3]-X45	Omaha	State	197	3,621	R	16	12	(214)	Req	92	150
NEW HAMPSHIRE—Hospitals, 1; Internships, 16											
Mary Hitchcock Memorial Hospital [1-3]-X46	Hanover	NPAssn	207	6,346	R	16	12	No	Req	83	10
NEW JERSEY—Hospitals, 38; Internships, 394											
Atlantic City Hospital [1-3]	Atlantic City	NPAssn	253	8,127	R	12	12	(215)	Req	44	100
Bayonne Hospital and Dispensary [1-3]	Bayonne	NPAssn	250	6,352	R	8	12	No	Req	26	100
Cooper Hospital [3]-x85-87	Camden	NPAssn	382	15,376	R	11	12	No	Req	51	50
West Jersey Hospital [1-3]-x84	Camden	NPAssn	270	8,606	R	8	12	No	Req	54	175
East Orange General Hospital [1-3]	East Orange	NPAssn	120	5,023	R	4	12	(216)	Req	26	75
Alexian Brothers Hospital [3]	Elizabeth	Church	166	3,462	R	6	12	(217)	Req	29	100
Elizabeth General Hospital and Dispensary [1]	Elizabeth	NPAssn	203	7,844	R	8	12	No	Req	31	100
St. Elizabeth Hospital [1-3]	Elizabeth	Church	275	5,951	R	6	12	No	Req	24	100
Englewood Hospital [1-3]	Englewood	NPAssn	190	6,917	R	6	12	No	Req	33	100
Hackensack Hospital [1-3]	Hackensack	NPAssn	240	11,380	R	12	12	No	Req	33	75
St. Mary's Hospital [1-3]	Hoboken	Church	370	8,191	R	10	12-24	No	Req	35	100
Christ Hospital [1-3]	Jersey City	Church	349	7,272	R	12					
					S	2	12	No	Req	23	100
Jersey City Medical Center [1-3-4]	Jersey City	City	1,600	21,926	R	43					
					S	47	12	(206)	Req	27	41.66
St. Francis Hospital [1-3]	Jersey City	Church	215	4,595	R	8	12	(218)	Req	27	85
Monmouth Memorial Hospital [1-3-4]	Long Branch	NPAssn	213	7,440	R	6	12	No	Req	41	100
Mountainside Hospital [1-3-4]	Montclair	NPAssn	365	8,772	R	8	12	No	Req	59	54.16
Morristown Memorial Hospital [1-3]	Morristown	NPAssn	222	4,859	R	6	12	No	Req	46	110
Fitkin Memorial Hospital [1-3]	Neptune	NPAssn	236	8,069	R	8	12	No	Req	27	100
Hospital of St. Barnabas and for Women and Children [1-3]	Newark	Church	249	9,081	R	8	12	No	Req	39	75
Newark Beth Israel Hospital [1-3-4]	Newark	NPAssn	365	11,132	R	12	12	No	Req	44	25
Newark City Hospital [1-3-4]	Newark	City	740	13,133	R	18	12	No	Req	38	60
Presbyterian Hospital [1-3]	Newark	NPAssn	275	9,772	R	4	12	(238)	Req	37	75
St. Michael's Hospital [1-3]	Newark	Church	405	12,883	R	7	12	No	Req	39	85
St. Peter's General Hospital [3]	New Brunswick	Church	188	7,908	R	5					
					S	1	12	No	Req	45	100
Orange Memorial Hospital [1-3]	Orange	NPAssn	370	9,564	R	12	12	No	Req	34	75
Passaic General Hospital [1-3]	Passaic	NPAssn	234	8,297	R	5	12	No	Req	43	75
St. Mary's Hospital [1-3]	Passaic	Church	190	6,252	R	4	12	No	Req	36	60
Barnert Memorial Hospital [1-3]	Paterson	NPAssn	141	5,227	R	7	12	No	Req	35	100
Paterson General Hospital [1-3]	Paterson	NPAssn	380	10,769	R	8	12	No	Req	43	50
St. Joseph Hospital [1-3]	Paterson	Church	372	10,112	R	12	12	No	Req	35	100
Perth Amboy General Hospital [1-3]	Perth Amboy	NPAssn	274	10,056	R	6	12	No	Req	21	75
Muhlenberg Hospital [1-3-4]	Plainfield	NPAssn	270	10,880	R	10	12	No	Req	36	100
Overlook Hospital [1-3]	Summit	NPAssn	154	5,078	R	4	12	No	Req	37	100
Holy Name Hospital [1-3]	Teaneck	Church	235	9,427	R	6					
					S	2	12	No	Req	45	100
Mercer Hospital [1-3]	Trenton	NPAssn	246	8,582	R	9	12	No	Req	44	105
St. Francis Hospital [1-3]	Trenton	Church	300	8,789	R	8	12	No	Req	30	150
William McKinley Memorial Hospital [1-3]	Trenton	NPAssn	149	5,474	R	6	12	No	Req	29	140
North Hudson Hospital [1-3-4]	Weehawken	NPAssn	130	3,248	R	6	12	(219)	Req	30	100

Abbreviations and other references will be found on pages 293 and 294.

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Name of Hospital	Location	Control	Total Beds	Number Patients Admitted	Type of Internship	Number of Internships	Length of Program (Months)	Affiliated Service	Outpatient Service	Autopsy Percentage	Beginning Stipend (Month)
NEW YORK—Hospitals, 109; Internships, 1,702											
Albany Hospital [1-3-4]-X47	Albany	NPAssn	541	16,909	R	16					
					S	9	12-24	No	Req	76	85
Memorial Hospital [1-3]	Albany	NPAssn	137	3,640	R	6	12	No	Req	38	150
St. Peter's Hospital [1]-X47	Albany	Church	275	7,456	R	9	12	(207)	Req	25	150
Binghamton City Hospital [1-3-4]	Binghamton	City	464	10,922	R	8	12	No	Req	48	117
Beth-El Hospital [1-3]	Brooklyn	NPAssn	242	8,046	R	18	12	No	Req	33	100
Brooklyn Hospital [1-3-X53]	Brooklyn	NPAssn	362	9,302	R	12	12	No	Req	54	50
Bushwick Hospital [1-3]	Brooklyn	NPAssn	161	4,659	R	6	12	No	Req	16	125
Coney Island Hospital [1-3-4]	Brooklyn	City	286	6,654	R	20	12	No	Req	30	60
Cumberland Hospital [1-3-4]-X53	Brooklyn	City	287	8,055	R	10					
					S	8	12	No	Req	29	60
Greenpoint Hospital [1-3-4]-X53	Brooklyn	City	281	7,168	R	18	12	No	Req	25	60
Jewish Hospital [1-3-4]-X53	Brooklyn	NPAssn	544	15,334	R	35	12	No	Req	35	25
Kings County Hospital [1-3-4]-X53	Brooklyn	City	2,725	61,472	R	139					
					S	32	12	(208)	Req	28	50
Long Island College Hospital [1-3]-X53	Brooklyn	NPAssn	395	10,685	R	16					
					S	6	12	No	Req	30	20
Maimonides Hospital [1-3]-X53	Brooklyn	NPAssn	417	11,448	R	18					
					S	10	12	(243)	Req	47	35
Methodist Hospital [1-3]-X53	Brooklyn	Church	457	10,692	R	13					
					S	5	12-24	No	Req	34	50
Norwegian Lutheran Deaconesses' Home and Hosp. [1-3]	Brooklyn	Church	207	6,171	R	6					
					S	4	12	No	Req	61	50
Prospect Heights Hospital [1-3]	Brooklyn	NPAssn	139	6,695	R	6	12	No	None	38	100
St. Catherine's Hospital [1]	Brooklyn	Church	287	7,180	R	12	12	No	Req	42	35
St. John's Episcopal Hospital [1-3]	Brooklyn	Church	...	.....	R	9					
					S	4	12	No	Req	36	90
St. Mary's Hospital [1-3]	Brooklyn	Church	237	6,193	R	10	12	No	Req	34	100
Unity Hospital [1-3]	Brooklyn	NPAssn	226	7,418	R	8	12	No	Req	25	100
Wyckoff Heights Hospital [1-3]	Brooklyn	NPAssn	285	6,408	R	8	12	No	Req	34	100
Buffalo General Hospital [1-3-4]-X48	Buffalo	NPAssn	435	12,056	R	17					
					S	6	12	(253)	Req	55	100
Deaconess Hospital [1-3]	Buffalo	NPAssn	277	10,186	R	8	12	No	Req	27	125
Edward J. Meyer Memorial Hospital [1-3]-X43	Buffalo	County	950	10,776	R	24	12	No	Req	38	176
Mercy Hospital [1-3]	Buffalo	Church	325	10,808	R	12	12	(230)	Req	35	150
Millard Fillmore Hospital [1-3-4]-X48	Buffalo	NPAssn	478	18,455	R	12	12	No	None	48	100
Sisters of Charity Hospital [1-3]	Buffalo	Church	619	13,891	R	16					
					S	1	12	(221)	Req	31	125
Mary Imogene Bassett Hospital [1-3]-X47-X43	Cooperstown	NPAssn	139	2,775	R	6					
					S	2	12	No	Req	73	50
Arnot-Ogden Memorial Hospital [1-3]	Elmira	NPAssn	196	7,262	R	3	12	(222)	None	33	175
St. Joseph's Hospital [1-3]	Elmira	Church	227	7,287	R	4	12	No	None	29	150
Flushing Hospital and Dispensary [1-3-4]	Flushing	NPAssn	287	12,163	R	9	12	No	Req	42	125
North Country Community Hospital [1-3]	Glen Cove	NPAssn	110	5,602	R	4	12	No	Req	39	250
Glens Falls Hospital [1-3]	Glens Falls	NPAssn	250	9,149	R	6	12	No	None	22	200
Meadowbrook Hospital [1-3-4]	Hempstead	County	240	8,099	R	24	12	No	Req	46	100
Jamaica Hospital [1-3]	Jamaica	NPAssn	185	6,164	R	10	12	No	Req	32	100
Mary Immaculate Hospital [1-3-4]	Jamaica	Church	295	8,788	R	4					
					S	5	12	No	Req	26	90
Queens General Hospital [1-3-4]-X51	Jamaica	City	726	15,497	R	20					
					S	6	12	No	None	40	60
Charles S. Wilson Memorial Hospital [1-3-4]	Johnson City	NPAssn	459	10,626	R	12					
					S	8	12	No	Req	37	150
Our Lady of Victory Hospital [3]	Lackawanna	Church	260	7,158	R	5	12-24	No	Req	26	150
St. John's Long Island City Hospital [1-3-4]	Long Island City	Church	228	6,403	R	17	12	No	Req	31	100
Nassau Hospital [1-3]	Mineola	NPAssn	227	10,453	R	4	12	No	None	35	75
Northern Westchester Hospital [1-3]	Mount Kisco	NPAssn	158	4,259	R	4	12	No	Req	35	100
Mount Vernon Hospital [3]	Mount Vernon	NPAssn	219	8,363	R	6					
					S	1	12	(234)	None	42	75
St. Luke's Hospital [1-3-4]	Newburgh	NPAssn	193	6,305	R	5	12	No	Req	35	150
New Rochelle Hospital [3-4]	New Rochelle	NPAssn	340	9,629	R	10	12	(240)	Req	37	100
Bellevue Hospital Center X-49-x56-X52											
Division I—Columbia University [1-3]	New York City	City	...	.....	M	12					
					S	6	12	No	Req	25	60
Division II—Cornell University [1-3]	New York City	City	...	.....	S	25	12	No	Req	25	60
Division III—New York Univ. College of Med [1-3]	New York City	City	...	.....	M	2					
					S	56	12	No	None	25	60
Division IV—New York University Post-Graduate Medical School [1-3-4]	New York City	City	...	.....	S	19	12	No	None	25	60
Beth David Hospital [1-3-4]-X51	New York City	NPAssn	167	5,026	R	18	12	No	None	25	65
Beth Israel Hospital [1-3-4]	New York City	NPAssn	368	10,187	R	14	12	No	Req	40	35
Bronx Hospital [1-3-4]	New York City	NPAssn	329	9,312	R	12	12	No	Req	24	35
Columbus Hospital [3]	New York City	NPAssn	260	7,764	R	12	12	No	Req	22	75
Flower and Fifth Avenue Hospitals [1-3-4]-X50	New York City	NPAssn	356	10,615	R	13	12	No	Req	35	...
Fordham Hospital [1-3-4]	New York City	City	414	10,686	R	24	12	No	Req	23	60
French Hospital [1-3]	New York City	NPAssn	234	6,673	R	10	12	No	Req	26	40
Harlem Hospital [1-3-4]	New York City	City	705	18,089	R	60	12	No	Req	24	60
Hospital for Joint Diseases [1-3-4]	New York City	NPAssn	302	5,441	R	12	12	(235)	Req	37	35
Jewish Memorial Hospital [3-4]	New York City	NPAssn	190	5,978	R	10	12	No	Req	37	50
Knickerbocker Hospital [1-3]	New York City	NPAssn	190	4,648	R	6	12	(236)	Req	32	100
Lebanon Hospital [1-3]	New York City	NPAssn	214	6,286	R	12	12	No	None	33	50
Lenox Hill Hospital [1-3-4]	New York City	NPAssn	530	12,967	R	24	24	No	Req	38	...
Lincoln Hospital [1-3-4]	New York City	City	466	10,509	R	15	12	No	Req	19	60
Metropolitan Hospital [1-3-4]-X51	New York City	City	1,060	15,340	R	38	12	No	Req	19	60
Misericordia Hospital [3-4]	New York City	Church	190	6,215	R	10	12	No	Req	21	50
Montefiore Hospital [1-3-4]-X49	New York City	NPAssn	636	4,840	M	16	12	No	None	41	30
Morrisania City Hospital [1-3-4]-X51	New York City	City	471	12,018	R	29	12	No	Req	25	50
Mother Cabrini Memorial Hospital [1-3]	New York City	Church	170	3,865	R	8	12	No	Req	26	75
Mount Sinai Hospital [1-3-4]-X49	New York City	NPAssn	785	15,186	R	24	12	No	None	50	25
New York City Hospital [1-3-4]-X51	New York City	City	837	13,345	R	28					
					S	2	12	No	Req	25	60
New York Hospital [1-3-4]-X50	New York City	NPAssn	1,093	22,774	S	42	12	No	None	65	...
New York Infirmary [1-3-4]	New York City	NPAssn	120	3,321	R	5	12	No	Req	50	50
New York Polyclinic Medical School and Hosp. [1-3-4]	New York City	NPAssn	394	9,514	R	8	12	No	Req	67	50
New York University-Bellevue Medical Center											
University Hospital [1-3]-X52	New York City	NPAssn	368	9,592	S	4	12	(234)	Req	36	50
Presbyterian Hospital [1-3-4]-X49	New York City	NPAssn	1,516	32,636	S	28	12	No	Req	66	100-67
Roosevelt Hospital [1-3]-X49	New York City	NPAssn	415	9,178	M	12	24	No	Req	43	...
St. Clare's Hospital [1-3]	New York City	Church	436	10,772	R	11	12	No	Req	37	25
St. Francis Hospital [1-3]	New York City	Church	349	7,344	R	10	12	No	Req	28	50

Abbreviations and other references will be found on pages 293 and 294.

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Name of Hospital	Location	Control	Total Beds	Number Patients Admitted	Type of Internship	Number of Internships	Length of Program (Months)	Affiliated Service	Outpatient Service	Autopsy Percentage	Beginning Stipend (Month)
NEW YORK—Continued											
St. Luke's Hospital [1-3-]X49	New York City	NPAssn	545	10,914	M	14					
					S	1	12	No	Req	50	25
St. Vincent's Hospital [1-3-]X52	New York City	Church	580	13,690	R	18					
					S	10	12	No	Req	58	85
Sydenham Hospital [1-3-4]	New York City	City	220	7,108	R	12	12	No	None	36	60
Mount St. Mary's Hospital [1-3]	Niagara Falls	Church	200	6,149	R	4	12	No	None	29	200
United Hospital [1-3]	Port Chester	NPAssn	189	6,486	R	6	12	No	Req	28	200
St. Francis Hospital [1-3]	Poughkeepsie	Church	167	4,653	R	4	12	No	Req	35	200
Vassar Brothers Hospital [1-3]	Poughkeepsie	NPAssn	267	7,292	R	6	12	(200)	Req	21	125
Genesee Hospital [1-3-]X54	Rochester	NPAssn	222	8,518	R	8					
					S	5	12-24	No	Req	66	80
Highland Hospital [1-3-]X54	Rochester	NPAssn	205	7,695	R	5					
					S	4	12	No	Req	65	75
Park Avenue Hospital [1]	Rochester	NPAssn	100	3,530	R	4	12	(210)	None	49	100
Rochester General Hospital [1-3-4-]X54	Rochester	NPAssn	332	13,393	R	21	12	(232)	None	65	50
St. Mary's Hospital [1-3-]X54	Rochester	Church	335	12,882	R	12	12	No	Req	37	100
Strong Memorial-Rochester Municipal Hospitals [1-3-4-]X54	Rochester	NPAssn	734	16,697	R	21					
					S	19	12-24	(257)	Req	74	15
Ellis Hospital [1-3-]X67	Schenectady	NPAssn	369	13,505	R	14	12	No	Req	46	60
St. Clare's Hospital [1-3]	Schenectady	Church	175	6,340	R	5	12	(211)	Req	27	150
St. Vincent's Hospital [1]	Staten Island	Church	243	8,411	R	8	12	No	Req	25	100
Staten Island Hospital [1-3]	Staten Island	NPAssn	222	6,990	R	8	12-24	No	Req	38	100
General Hospital [1-3]	Syracuse	NPAssn	129	5,408	M	4	12	No	Req	45	125
St. Joseph's Hospital [1-3-]X55	Syracuse	Church	200	9,754	R	12	12	No	None	34	125
State University of New York Medical Center	.....	.....	...	.....	R	18					
					S	5	12	(296)	None	..	...
Crouse-Irving Hospital [1-]X55	Syracuse	NPAssn	210	8,246	..	..	..	...	....	37	125
Syracuse Memorial Hospital [1-3-]X55	Syracuse	NPAssn	282	9,923	..	..	..	...	....	68	125
University Hospital of the Good Shepherd [1-3-]X55	Syracuse	NPAssn	205	5,158	..	..	..	...	....	56	125
St. Mary's Hospital [1-3]	Troy	Church	250	7,165	R	6	12	No	Req	31	150
Samaritan Hospital [1-3]	Troy	NPAssn	162	5,490	R	8	12	No	Req	32	125
Grasslands Hospital [1-3-4]	Valhalla	County	800	4,557	R	20	12	No	Req	58	50
St. Agnes Hospital [1]	White Plains	Church	138	4,129	R	4	12	No	Req	31	100
White Plains Hospital [1-3]	White Plains	NPAssn	200	6,538	R	5	12	No	Req	45	100
St. John's Riverside Hospital [1-3]	Yonkers	NPAssn	192	7,437	R	7	12	No	Req	27	100
St. Joseph's Hospital [1-3]	Yonkers	Church	191	3,493	R	7	12	No	Req	40	100
Yonkers General Hospital [1-3]	Yonkers	NPAssn	143	5,257	R	6	12	No	Req	23	100
NORTH CAROLINA—Hospitals, 12; Internships, 151											
North Carolina Memorial Hospital X56	Chapel Hill	.....	...	.....	R-S	..	..	..	...	...	...
Charlotte Memorial Hospital [1-3-4]	Charlotte	NPAssn	370	10,545	R	10	12	No	Req	66	100
Mercy Hospital [1-3]	Charlotte	NPAssn	245	9,763	R	6	12	No	Req	31	100
Duke Hospital [1-3-4-]X57	Durham	NPAssn	524	15,702	S	46	12	(292)	Req	61	...
Lincoln Hospital [1]	Durham	NPAssn	99	2,873	R	4	12	No	Req	29	100
Watts Hospital [1]	Durham	NPAssn	229	9,212	R	7					
					S	8	12	No	Req	43	75
Rex Hospital [1-3]	Raleigh	NPAssn	307	9,252	R	12	12	No	Req	22	150
St. Agnes Hospital [1]	Raleigh	Church	118	2,543	R	4	12	No	Req	8	175
James Walker Memorial Hospital [1-3]	Wilmington	NPAssn	300	9,350	R	15	12	No	Req	23	100
City Memorial Hospital [1-3-]	Winston-Salem	City	298	8,672	R	15	12	No	Req	39	100
Kate Bitting Reynolds Memorial Hospital [1]	Winston-Salem	City	103	5,050	R	8	12	No	Req	30	100
North Carolina Baptist Hospital [1-]X58	Winston-Salem	Church	260	9,064	S	16	12	No	Req	57	...
NORTH DAKOTA—Hospitals, 3; Internships, 13											
St. John's Hospital [1-3]	Fargo	Church	173	6,472	R	6	12	No	Req	35	150
St. Luke's Hospital [1-3]	Fargo	Church	140	7,285	R	4	12	No	Req	50	150
Grand Forks Deaconess Hospital [1]	Grand Forks	NPAssn	105	7,712	R	3	12	No	Req	45	150
OHIO—Hospitals, 47; Internships, 561											
City Hospital [1-3]	Akron	NPAssn	410	17,193	R	15	12	(245)	None	36	200
Peoples Hospital [1-3]	Akron	NPAssn	210	10,357	R	8	12	(246)	Req	53	150
St. Thomas Hospital [1-3]	Akron	Church	295	9,095	R	5	12	No	Req	74	100
Aultman Hospital [1-3]	Canton	NPAssn	301	10,762	R	10	12	No	Req	55	100
Mercy Hospital [1-3]	Canton	Church	240	10,545	R	8	12	No	Req	29	125
Bethesda Hospital [1-3]	Cincinnati	Church	222	9,143	R	9	12	(255)	Req	59	150
Christ Hospital [1]	Cincinnati	Church	353	11,292	R	13	12	(255)	Req	39	150
Cincinnati General Hospital [1-]X59	Cincinnati	City	835	15,602	R	52	12	(284)	Req	51	15
Deaconess Hospital [1-3]	Cincinnati	Church	148	5,111	R	5	12	No	Req	29	100
Good Samaritan Hospital [1-3]	Cincinnati	Church	559	17,165	R	18	12	(236)	Req	49	130
Jewish Hospital [1-3]	Cincinnati	NPAssn	293	11,288	R	13	12	(247)	Req	55	100
St. Mary's Hospital [1-3]	Cincinnati	Church	191	6,650	R	8	12	No	Req	27	125
City Hospital [1-3-]X60	Cleveland	City	1,036	10,212	R	26	12	No	Req	46	64
Fairview Park Hospital [1-3]	Cleveland	Church	150	7,453	R	6	12	No	Req	31	75
Glenville Hospital [1-3]	Cleveland	NPAssn	120	4,481	M	4	12	No	None	24	100
Lutheran Hospital [1-3]	Cleveland	Church	189	7,448	R	8	12	(288)	None	45	100
Mount Sinai Hospital [1-3-]X60	Cleveland	NPAssn	342	12,569	R	15	12	No	Req	43	200
St. Alexis Hospital [1]	Cleveland	Church	234	10,052	R	9					
					S	2	12	No	Req	36	125
St. John's Hospital [1-3]	Cleveland	Church	236	8,843	R	7	12	No	None	26	100
St. Luke's Hospital [1-3-4]	Cleveland	Church	298	16,042	R	24	12	No	Req	52	75
St. Vincent Charity Hospital [1]	Cleveland	Church	245	6,663	R	14	12	(227)	Req	29	135
University Hospitals [1-3-]X60	Cleveland	NPAssn	800	24,023	S	34	12	No	Req	64	...
Doctors Hospital [1-3]	Cleveland Heights	NPAssn	185	7,155	M	12	12	No	None	40	100
Grant Hospital [1]	Columbus	NPAssn	275	11,125	R	9	12	(229)	None	24	200
Mount Carmel Hospital [1-3-]	Columbus	Church	400	11,514	R	12	12	(249)	Req	33	200
University Hospitals											
Ohio State University Hospital [1-3-]X61	Columbus	State	600	10,154	R	48	12	(296)	None	71	100
White Cross Hospital [1-3]	Columbus	Church	325	13,030	R	15	12	No	Req	38	225
Good Samaritan Hospital [1-3]	Dayton	Church	310	13,615	R	6	12	No	Req	53	175
Miami Valley Hospital [1-3-4]	Dayton	NPAssn	422	17,055	R	16	12-24	No	Req	45	100
St. Elizabeth Hospital [1-3]	Dayton	Church	325	13,164	R	9	12	No	Req	36	125
Huron Road Hospital [1-3]	East Cleveland	NPAssn	284	10,884	R	10	12	No	Req	46	200
Elyria Memorial Hospital [1]	Elyria	NPAssn	142	5,085	R	3	12	No	None	34	240
Marymount Hospital [1-3]	Garfield Heights	Church	150	7,225	R	6	12	(288)	None	42	150
Mercy Hospital [1-3]	Hamilton	Church	300	10,838	R	4	12	No	Req	37	150
Lakewood Hospital [1-3]	Lakewood	City	227	6,339	R	6	12	No	Req	40	100
Lima Memorial Hospital [1]	Lima	NPAssn	236	9,085	R	8	12	No	None	32	175
St. Rita's Hospital [1-3-]	Lima	Church	280	9,780	R	10	12	(250)	Req	42	175
Mercy Hospital [1-3]	Springfield	Church	210	7,400	R	6	12	No	Req	52	175
Springfield City Hospital [1-3]	Springfield	City	211	6,929	R	8	12	No	Req	40	175
Flower Hospital [1-3]	Toledo	Church	163	6,916	R	4	12	(251)	Req	29	150

[1] Abbreviations and other references will be found on pages 293 and 294.

Name of Hospital	Location	Control	Total Beds	Number Patients Admitted	Type of Internship	Number of Internships	Length of Program (Months)	Affiliated Service	Outpatient Service	Autopsy Percentage	Beginning Stipend (Month)
OHIO—Continued											
Maumee Valley Hospital [1-3]	Toledo	County	292	3,313	R	6	12	No	Req	66	200
Mercy Hospital [1-3]	Toledo	Church	289	12,697	R	12	12	No	Req	43	100
Riverside Hospital [3]	Toledo	NPAssn	199	6,365	R	5	12	No	Req	37	150
St. Vincent's Hospital [1-3]	Toledo	Church	525	15,980	R	15	12	No	Req	36	200
Toledo Hospital [1-3]	Toledo	NPAssn	396	9,013	R	10	12	No	Req	51	200
St. Elizabeth Hospital [1-3]	Youngstown	Church	335	13,878	R	10	12	No	Req	30	175
Youngstown Hospital [1-3-4]	Youngstown	NPAssn	615	25,159	R	18	12	No	Req	39	100
OKLAHOMA—Hospitals, 6; Internships, 98											
Mercy Hospital [1]	Oklahoma City	Church	147	7,208	R	8	12	(252)	Req	39	100
St. Anthony Hospital [1-x62]	Oklahoma City	Church	375	13,867	R	12	12	No	Req	32	75
University Hospitals [1-3-4-X62]	Oklahoma City	State	464	8,986	R	32	12-24	(253)	Req	45	75
Wesley Hospital [1]	Oklahoma City	Part	188	9,218	R	8	12	No	Req	46	75
Hillcrest Memorial Hospital [1-3]	Tulsa	NPAssn	288	11,118	R	10	12	No	Req	34	75
St. John's Hospital [1-3]	Tulsa	Church	430	17,777	R	24					
					S	2	12	(254)	Req	32	...
OREGON—Hospitals, 7; Internships, 94											
Sacred Heart General Hospital [1]	Eugene	Church	275	10,844	R	6	12	No	Req	68	100
Emanuel Hospital [1-3]	Portland	Church	350	14,871	R	13	12	(230)	Req	45	60
Good Samaritan Hospital [1-3-x63]	Portland	Church	410	13,279	R	23					
					S	1	12	No	None	62	60
Portland Sanitarium and Hospital [1]	Portland	Church	164	8,231	R	7	12	(255)	None	47	123.50
Providence Hospital [1-3]	Portland	Church	283	10,276	R	12	12	(256)	None	60	60
St. Vincent's Hospital [1-3-x63]	Portland	Church	367	12,442	R	14	12	(231)	Req	57	125
University of Oregon Medical School Hospitals and Clinics [1-3-X63]	Portland	State	464	7,904	R	18	12	No	Req	72	75
PENNSYLVANIA—Hospitals, 74; Internships, 850											
Abington Memorial Hospital [1-3-4]	Abington	NPAssn	303	8,168	R	12	12	No	Req	48	50
Allentown Hospital [1-4]	Allentown	NPAssn	434	13,170	R	10	12	No	Req	53	100
Sacred Heart Hospital [1-3]	Allentown	Church	200	8,756	R	8	12	No	Req	37	200
Altoona Hospital [1-3]	Altoona	NPAssn	230	6,705	R	8	12	No	Req	25	200
Mercy Hospital [1-3]	Altoona	NPAssn	169	5,762	R	4	12	No	Req	22	200
St. Luke's Hospital [1-3-4]	Bethlehem	NPAssn	352	11,081	R	9	12	No	Req	49	100
Bryn Mawr Hospital [1-3-4]	Bryn Mawr	NPAssn	285	8,269	R	10	12	No	Req	57	75
Chester Hospital [1-3-4]	Chester	NPAssn	294	8,949	R	8	12	No	None	30	200
George F. Geisinger Memorial Hospital [1-3-4]	Danville	NPAssn	279	9,696	R	12	12	No	Req	50	50
Fitzgerald-Mercy Hospital [1-3-x57]	Darby	Church	202	7,477	R	8	12	No	Req	42	150
Easton Hospital [1-3-4]	Easton	NPAssn	184	6,812	R	5	12	No	Req	44	100
Hamot Hospital [1-3]	Erie	NPAssn	378	10,626	R	8	12	No	Req	36	125
St. Vincent's Hospital [1-3]	Erie	NPAssn	260	11,295	R	8	12	No	Req	36	100
Westmoreland Hospital [1]	Greensburg	NPAssn	190	7,639	R	4	12	(237)	Req	30	100
Harrisburg Hospital [1-X64]	Harrisburg	NPAssn	312	11,569	R	12	12	No	Req	50	100
Harrisburg Polyclinic Hospital [1]	Harrisburg	NPAssn	309	9,740	R	12	12	No	Req	36	150
St. Joseph Hospital	Hazleton	Church	240	4,554	R	2	12	No	Req	24	115
Conemaugh Valley Hospital [1-3]	Johnstown	NPAssn	317	11,826	R	10	12	No	Req	29	200
Nesbitt Memorial Hospital [1]	Kingston	NPAssn	200	6,689	R	5	12	No	Req	11	200
Lancaster General Hospital [1]	Lancaster	NPAssn	279	10,113	R	10	12	No	Req	37	175
St. Joseph's Hospital [1]	Lancaster	Church	222	7,097	R	6	12	No	Req	52	175
McKeesport Hospital [1]	McKeesport	NPAssn	277	9,602	R	10	12	No	Req	30	175
Montgomery Hospital [1-3]	Norristown	NPAssn	187	6,814	R	6	12	No	Req	47	175
Sacred Heart Hospital [1]	Norristown	Church	107	3,740	R	2	12	No	Req	39	250
Albert Einstein Medical Center											
Northern Division [1-3-4-X66-X66]	Philadelphia	NPAssn	435	11,818	R	18	12	No	Req	43	50
Southern Division [1-3-4-X64-x65]	Philadelphia	NPAssn	259	7,255	R	12	12	No	Req	87	50
Episcopal Hospital [1-4-X66]	Philadelphia	Church	495	8,077	R	11	12	No	Req	42	25
Frankford Hospital [1-3-x53]	Philadelphia	NPAssn	131	5,737	R	8	12	No	Req	34	150
Germantown Dispensary and Hospital [1-3-4-x51-53]	Philadelphia	NPAssn	323	8,938	R	12	12	No	Req	50	100
Graduate Hosp. of the Univ. of Pennsylvania [1-3-X67]	Philadelphia	NPAssn	216	8,377	R	12	12	No	Req	57	...
Hahnemann Medical College and Hospital [1-3-X64]	Philadelphia	NPAssn	586	14,712	R	24	12	No	Req	45	25
Hospital of the University of Pennsylvania [1-3-4-X67]	Philadelphia	NPAssn	710	21,242	R	26	12	No	None	81	41.67
Hospital of the Woman's Medical College of Pennsylvania [1-X66]	Philadelphia	NPAssn	173	5,231	R	6	12	No	Req	63	10
Jefferson Medical College Hospital [1-3-X65]	Philadelphia	NPAssn	676	20,676	R	36	12	No	Req	65	25
Lankenau Hospital [1-x65]	Philadelphia	NPAssn	260	6,668	R	10	12	(238)	Req	60	...
Memorial Hospital [1]	Philadelphia	NPAssn	136	3,859	R	4	12	No	Req	31	250
Mercy-Douglass Hospital [1-3]	Philadelphia	NPAssn	161	2,561	R	6	12	No	Req	28	100
Methodist Episcopal Hospital [1-3-x65]	Philadelphia	Church	255	6,272	R	7	12	No	Req	35	150
Misericordia Hospital [1-3-x52]	Philadelphia	Church	229	7,302	R	10	12	No	Req	31	166.66
Nazareth Hospital [1-3]	Philadelphia	Church	150	7,289	R	6	12	No	Req	35	150
Pennsylvania Hospital [1-3-X65-67]	Philadelphia	NPAssn	430	10,924	R	18	12	(239)	Req	63	...
Philadelphia General Hospital [1-3-4-x64-X65-66-67-68]	Philadelphia	City	2,400	23,934	R	112	12	(240)	Req	54	55
Presbyterian Hospital [1-x67]	Philadelphia	Church	339	7,581	R	10	12	No	Req	66	...
St. Agnes Hospital [1-x54-65]	Philadelphia	Church	350	8,784	R	7	12	No	Req	22	175
St. Joseph's Hospital [1-3-4-x65]	Philadelphia	Church	240	5,037	R	6	12	No	Req	46	200
St. Luke's and Children's Medical Center [1-3-x64-65]	Philadelphia	NPAssn	298	7,521	R	9	12	(240)	Req	35	75
St. Mary's Hospital [1]	Philadelphia	Church	230	5,054	R	6	12	No	Req	74	200
Temple University Hospital [1-X66]	Philadelphia	NPAssn	543	16,072	R	28	12	(239)	Req	49	25
Woman's Hospital [1-X68]	Philadelphia	NPAssn	137	4,857	R	6	12	No	Req	47	50
Allegheny General Hospital [1-3-x59]	Pittsburgh	NPAssn	565	13,043	R	16	12	No	Req	24	150
Mercy Hospital [1-3-X62]	Pittsburgh	Church	653	14,079	R	24	12	No	Req	29	100
Montefiore Hospital [1-3]	Pittsburgh	NPAssn	296	8,819	R	12	12	No	Req	52	25
Pittsburgh Hospital [1-3]	Pittsburgh	NPAssn	225	6,787	R	6	12	No	Req	31	125
Presbyterian Hospital [1]	Pittsburgh	NPAssn	350	7,738	R	20	12	(241)	Req	41	25
St. Francis Hospital [1-3-X69]	Pittsburgh	NPAssn	691	13,278	R	20	12	No	Req	23	150
St. John's General Hospital [1]	Pittsburgh	NPAssn	190	7,025	R	5	12	No	Req	30	200
St. Joseph's Hospital and Dispensary [1]	Pittsburgh	Church	170	4,721	R	6	12	No	Req	54	250
St. Margaret Memorial Hospital [1-3]	Pittsburgh	Church	121	3,176	R	6	12	No	Req	42	150
South Side Hospital [1-3]	Pittsburgh	NPAssn	303	7,183	R	9	12	No	Req	27	150
Western Pennsylvania Hospital [1-3-4]	Pittsburgh	NPAssn	546	15,731	R	18	12	No	Req	18	100
Community General Hospital [1-3]	Reading	NPAssn	123	4,424	R	4	12	No	Req	43	150
Reading Hospital [1-4]	Reading	NPAssn	386	11,166	R	12	12	No	Req	50	100
St. Joseph's Hospital [1]	Reading	Church	206	6,780	R	6	12	No	Req	54	200
Robert Packer Hospital [1-3]	Sayre	NPAssn	340	10,786	R	12	12	No	Req	63	30
Scranton State Hospital [1]	Scranton	State	290	6,192	R	12	12	No	Req	39	166.50
Sewickley Valley Hospital [1-3]	Sewickley	NPAssn	187	5,961	R	6	12	No	Req	23	200
Uniontown Hospital [1-3]	Uniontown	NPAssn	267	9,329	R	5	12	No	None	28	200

¶ Abbreviations and other references will be found on pages 293 and 294.

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Name of Hospital	Location	Control	Total Beds	Number Patients Admitted	Type of Internship	Number of Internships	Length of Program (Months)	Affiliated Service	Outpatient Service	Autopsy Percentage	Beginning Stipend (Month)
PENNSYLVANIA—Continued											
Washington Hospital [1-3]	Washington	NPAssn	204	6,173	R	5	12	No	Req	31	200
Chester County Hospital [1-3-4]	West Chester	NPAssn	153	4,596	R	6	12	No	Req	43	150
Mercy Hospital [1-4]	Wilkes-Barre	Church	200	5,628	R	6	12	No	Req	21	200
Wilkes-Barre General Hospital [1-3]	Wilkes-Barre	NPAssn	376	11,617	R	10	12	No	Req	22	100
Columbia Hospital [1-3]	Wilkinsburg	Church	189	6,408	R	5	12	No	Req	70	175
Williamsport Hospital [1-4]	Williamsport	NPAssn	279	8,991	R	8	12	No	Req	32	200
York Hospital [4]	York	NPAssn	238	8,991	R	12	12	No	Req	31	150
RHODE ISLAND—Hospitals, 5; Internships, 61											
Newport Hospital [1-3]	Newport	NPAssn	189	4,542	R	4	12	No	Req	21	100
Memorial Hospital [1-3]	Pawtucket	NPAssn	214	7,405	R	8	12	No	Req	36	50
Rhode Island Hospital [1-3-4]	Providence	NPAssn	650	15,499	R	30	24	(261)	Req	55	....
Roger Williams General Hospital [4]	Providence	NPAssn	162	6,344	R	6	12	No	Req	34	100
St. Joseph's Hospital [4]	Providence	Church	310	8,140	R	13	12	(262)	Req	33	100
SOUTH CAROLINA—Hospitals, 6; Internships, 78											
Roper Hospital [1-3-4-X70]	Charleston	NPAssn	450	13,318	R	21	12	No	Req	45	50
Columbia Hospital [1-3]	Columbia	County	440	12,178	R	15	12	No	Req	24	100
McLeod Infirmary [1-3]	Florence	NPAssn	200	7,467	R	7	12	No	Req	25	100
Greenville General Hospital [1-3]	Greenville	CyCo	331	12,691	R	15	12	No	Req	27	100
Orangeburg Regional Hospital [4]	Orangeburg	CyCo	200	6,072	R	6	12	No	Req	22	150
Spartanburg General Hospital [4]	Spartanburg	County	370	14,139	R	14	12	No	Req	27	150
SOUTH DAKOTA—Hospitals, 3; Internships, 18											
McKennan Hospital [1-3-X71]	Sioux Falls	Church	177	7,155	R	4	12	No	None	52	100
Sioux Valley Hospital [1-3-X71]	Sioux Falls	NPAssn	199	12,161	R	8	12	No	Req	36	150
Sacred Heart Hospital [1-3-X71]	Yankton	Church	230	5,602	R	6	12	No	Req	35	150
TENNESSEE—Hospitals, 16; Internships, 221											
Baroness Erlanger Hospital [1-3]	Chattanooga	CyCo	450	17,136	R	18	12	(263)	Req	43	60
Holston Valley Community Hospital [1]	Kingsport	NPAssn	167	10,473	R	4	12	No	Req	33	200
East Tennessee Baptist Hospital [1-3]	Knoxville	Church	254	10,159	R	4	12	No	Req	38	250
Fort Sanders Hospital [1-3]	Knoxville	NPAssn	186	8,288	R	6	12	No	None	36	250
Knoxville General Hospital [4]	Knoxville	City	285	9,324	R	12	12	No	Req	30	75
St. Mary's Memorial Hospital [1-3]	Knoxville	Church	281	9,197	R	8	12	(264)	Req	26	200
Baptist Memorial Hospital [1-3]	Memphis	Church	525	21,878	R	28					
					S	4	12	No	Req	33	50
John Gaston Hospital [1-3-4-X72]	Memphis	City	534	19,681	R	30	12	(265)	Req	59	35
Methodist Hospital [3]	Memphis	Church	369	13,424	R	14	12	(265)	Req	29	50
St. Joseph Hospital [1-3]	Memphis	Church	280	11,281	R	12	12	No	Req	31	75
George W. Hubbard Hospital of Meharry Medical College [1-3-4-X73]	Nashville	NPAssn	187	5,701	R	8	12	No	None	49	35
Mid-State Baptist Hospital [1-3]	Nashville	Church	115	6,109	R	8					
					S	3	12	No	Req	22	125
Nashville General Hospital [4-X74]	Nashville	City	221	6,316	R	15	12	No	Req	41	75
St. Thomas Hospital [1-3]	Nashville	Church	235	10,972	R	10	12	No	None	35	100
Vanderbilt University Hospital [1-3-X74]	Nashville	NPAssn	352	11,257	S	31	12	(281)	Req	50	25
Oakridge Hospital	Oakridge	NPAssn	216	7,628	R	6	12	No	None	42	160
TEXAS—Hospitals, 22; Internships, 300											
Brackenridge Hospital [4]	Austin	City	222	8,682	R	8	12	No	Req	57	90
Memorial Hospital [1-3]	Corpus Christi	CyCo	150	6,152	R	5	12	No	Req	32	100
Baylor University Hospital [1-3-X75]	Dallas	Church	650	22,505	R	54					
					S	2	12	No	Req	32	60
Methodist Hospital [1-3-X75]	Dallas	Church	208	11,744	R	10	12	No	Req	21	75
Parkland Hospital [1-4-X75]	Dallas	CyCo	357	11,642	R	14					
					S	1					
					M	12	12	No	Req	57	10
St. Paul's Hospital [1-3-X75]	Dallas	Church	465	12,848	R	11	12	(291)	Req	34	50
El Paso General Hospital	El Paso	CyCo	200	3,818	R	6	12	No	Req	20	100
City-County Hospital [1-3-4]	Fort Worth	CyCo	210	4,703	R	13	12	No	Req	33	50
Harris Hospital [1-3]	Fort Worth	Church	208	14,610	R	14	12	No	Req	35	100
St. Joseph's Hospital [4]	Fort Worth	Church	311	12,365	R	10	12	No	Req	20	150
University of Texas Medical Branch Hosps [1-3-4-X76]	Galveston	State	708	11,721	R	36	12	No	Req	65	25
Hermann Hospital [1-X77]	Houston	NPAssn	625	23,998	R	20	12-24	No	Req	47	50
Jefferson Davis Hospital [1-4-X76-X77]	Houston	CyCo	500	14,906	R	30	12	No	Req	55	25
Methodist Hospital [1-X77]	Houston	Church	135	5,.93	R	8	12	No	Req	53	50
St. Joseph's Infirmary [4-X77]	Houston	Church	434	22,989	R	10	12	No	Req	48	75
Baptist Memorial Hospital [1-3]	San Antonio	Church	200	12,387	R	10	12	No	Req	36	100
Robert B. Green Memorial Hospital [1-4]	San Antonio	CyCo	190	4,934	R	12	12	No	Req	41	100
Santa Rosa Hospital [4]	San Antonio	Church	325	13,829	R	15	12	No	Req	31	100
Kings Daughters Hospital [1-3]	Temple	NPAssn	110	2,774	R	4	12	No	Req	45	150
Scott and White Memorial Hospitals [1-3]	Temple	NPAssn	227	7,455	R	8	12	(309)	Req	46	100
Providence Hospital [1-3]	Waco	Church	225	11,217	R	4	12	No	Req	25	150
Wichita Falls Clinic Hospital [4]	Wichita Falls	Part	102	5,139	R	3	12	No	Req	20	150
UTAH—Hospitals, 6; Internships, 65											
St. Benedict's Hospital [1-3-X78]	Ogden	Church	170	5,681	R	4	12-24	No	Req	57	100
Thomas D. Dee Memorial Hospital [1-3-X78]	Ogden	Church	281	8,856	R	12	12	(270)	Req	45	150
Dr. W. H. Groves Latter-Day Saints Hospital [1-3-X78]	Salt Lake City	Church	352	16,317	R	18	12	No	Req	20	135
Holy Cross Hospital [1-3-X78]	Salt Lake City	Church	186	8,772	R	6	12	No	Req	51	150
St. Mark's Hospital [1-3-X78]	Salt Lake City	Church	203	8,709	R	6	12	No	Req	37	150
Salt Lake County General Hospital [1-X78]	Salt Lake City	County	250	4,103	R	12					
					S	7	12	No	Req	66	50
VERMONT—Hospitals, 2; Internships, 21											
Bishop DeGoesbriand Hospital [1-3-4-X79]	Burlington	Church	200	5,747	R	8	12	No	Req	37	100
					S	1					
Mary Fletcher Hospital [1-3-4-X79]	Burlington	NPAssn	183	5,902	R	12	12	No	Req	72	50
VIRGINIA—Hospitals, 17; Internships, 181											
Johnston Memorial Hospital [1]	Abingdon	NPAssn	110	3,364	R	2	12	No	Req	26	150
Alexandria Hospital [1-3]	Alexandria	NPAssn	170	7,047	R	6	12	No	Req	43	125

Abbreviations and other references will be found on pages 293 and 294.

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Name of Hospital	Location	Control	Total Beds	Number Patients Admitted	Type of Internship	Number of Internships	Length of Program (Months)	Affiliated Service	Outpatient Service	Autopsy Percentage	Beginning Stipend (Month)
VIRGINIA—Continued											
University of Virginia Hospital ♦[1-3]-X80	Charlottesville	State	488	13,814	R	6					
					S	24	12	(271)	Req	59	25
Chesapeake and Ohio Hospital ♦[1-3]	Clifton Forge	NPAssn	155	7,205	S	9	12	No	Req	55	100
Memorial Hospital ♦[1]	Danville	NPAssn	170	8,693	R	6	12	No	Req	33	50
Lynchburg General Hospital [1-3]	Lynchburg	City	178	7,586	M	4	12	No	Req	47	150
Mary Immaculate Hospital ♦[1-3]	Newport News	Church	131	4,765	R	5	12	No	Req	31	150
Riverside Hospital ♦[1-3]	Newport News	NPAssn	190	8,281	R	8	12	No	Req	42	150
De Paul Hospital ♦[1]	Norfolk	Church	239	9,513	R	9	12	No	Req	53	150
Norfolk General Hospital ♦[1-3]	Norfolk	NPAssn	306	9,894	R	14	12	No	Req	55	100
Johnston-Willis Hospital ♦[1-3]	Richmond	Corp	225	8,415	R	10	12	No	Req	42	175
Medical College of Virginia, Hospital Division-X31 (Memorial, Dooley and St. Philip Hospitals)	Richmond	State	812	21,908	R	42					
					S	6	12	(283)	Req	36	25
Stuart Circle Hospital [1-3]	Richmond	Corp	114	3,977	R	4					
					S	1	12	No	Req	40	150
Jefferson Hospital ♦[1-3]	Roanoke	Corp	150	5,882	R	4					
					S	1	12	No	Req	40	150
Lewis Gale Hospital ♦	Roanoke	Corp	180	7,742	R	6					
					S	6	12	No	Req	31	150
Memorial and Crippled Children's Hospital	Roanoke	NPAssn	130	5,733	R	4	12	No	Req	..	100
Winchester Memorial Hospital [1]	Winchester	NPAssn	200	6,910	R	4	12	No	None	31	100
WASHINGTON—Hospitals, 14; Internships, 149											
Kadlec Hospital ♦	Richland	NPAssn	103	6,242	R	4	24	No	Req	44	150
Columbus Hospital [1-3]	Seattle	Church	175	3,895	R	5	12	No	None	39	150
Doctors Hospital ♦[1]	Seattle	NPAssn	200	8,899	R	8	12	No	None	58	75
King County Hosp., Unit No. 1 (Harborview) ♦[1-3]-X32	Seattle	County	530	10,858	R	30					
					S	4	12	No	Req	63	70
Providence Hospital ♦[1-3]	Seattle	Church	350	12,779	R	16	12	No	Req	56	100
Seattle General Hospital [1-3]	Seattle	NPAssn	116	4,549	R	4	12	(273)	Req	34	150
Swedish Hospital ♦[1]	Seattle	NPAssn	330	13,273	R	16	12	(273)	Req	55	75
Virginia Mason Hospital ♦[1-3]	Seattle	NPAssn	208	9,728	R	8	12	(273)	Req	57	75
Deaconess Hospital ♦[1-3]	Spokane	Church	200	9,338	R	8	12	No	None	50	125
Sacred Heart Hospital ♦[1-3]	Spokane	Church	479	20,190	R	12	12	No	Req	50	125
St. Luke's Hospital ♦[1-3]	Spokane	NPAssn	265	7,010	R	8	12	(275)	Req	61	125
Pierce County Hospital [1]	Tacoma	County	240	4,119	R	10	12	No	Req	41	150
St. Joseph's Hospital ♦[1-3]	Tacoma	Church	279	12,106	R	8	12	No	Req	87	100
Tacoma General Hospital ♦[1]	Tacoma	NPAssn	213	9,351	R	8	12	No	None	37	125
WEST VIRGINIA—Hospitals, 9; Internships, 56											
Bluefield Sanitarium ♦	Bluefield	Corp	180	8,824	R	4	12	No	Req	26	100
Charleston General Hospital ♦[1]	Charleston	NPAssn	240	8,915	R	10	12	No	Req	52	125
Kanawha Valley Hospital ♦[1-3]	Charleston	Corp	148	5,491	R	5	12	No	Req	22	150
Memorial Hospital [1]	Charleston	NPAssn	130	2,666	R	4	12	No	Req	46	100
St. Mary's Hospital ♦[1-3]	Huntington	NPAssn	300	14,847	R	10	12	No	Req	43	100
Camden-Clark Memorial Hospital [1-3]	Parkersburg	City	160	5,836	R	4	12	No	Req	27	150
St. Joseph's Hospital ♦[1-3]	Parkersburg	Church	170	7,776	R	4	12	No	None	34	150
Ohio Valley General Hospital ♦[1-4]	Wheeling	NPAssn	334	10,247	R	10	12	No	Req	21	225
Wheeling Hospital [1-3]	Wheeling	Church	245	8,849	R	7	12	No	Req	21	200
WISCONSIN—Hospitals, 25; Internships, 212											
Luther Hospital [1-3]-X33	Eau Claire	NPAssn	221	7,360	R	6	12	No	None	67	200
St. Agnes Hospital	Fond du Lac	Church	304	9,836	R	6	12	No	None	32	125
Mercy Hospital [1-X33]	Janesville	Church	195	4,859	R	5	12	No	None	36	150
La Crosse Lutheran Hospital ♦[1-3]-X33	La Crosse	Church	150	5,898	R	3	12	No	Req	54	200
St. Francis Hospital [1-3]-X33	La Crosse	Church	278	8,591	R	6	12	No	None	22	150
Madison General Hospital ♦[1-3]-X33	Madison	NPAssn	177	6,982	R	8	12	No	None	46	125
Methodist Hospital ♦[1-3]-X33	Madison	Church	145	5,323	R	4	12	No	Req	50	115
St. Mary's Hospital ♦[1-3]-X33	Madison	Church	230	8,882	R	7	12	No	None	48	125
University Hospitals State of Wisconsin General Hospital ♦[1-3]-X33	Madison	State	750	15,093	R	25	12	No	None	73	25
St. Joseph's Hospital ♦[1-X33	Marshfield	Church	250	7,908	R	7	12	No	Req	46	200
Columbia Hospital ♦[1-3]	Milwaukee	NPAssn	161	5,619	R	10	12	(276)	Req	59	100
Evangelical Deaconess Hospital ♦[1-3]	Milwaukee	Church	138	7,322	R	8	12	(277)	Req	55	125
Milwaukee Children's Hospital ♦[1-3-4]-X34	Milwaukee	NPAssn	150	4,921	S	2	12	No	Req	77	80
Milwaukee County Hospital ♦[1-4]-X34	Milwaukee	County	868	23,785	R	40	12	(278)	Req	31	10
Milwaukee Hospital ♦[1-3]-X34	Milwaukee	Church	271	10,127	R	9	12	No	Req	76	125
Misericordia Hospital [1-3]	Milwaukee	Church	130	4,647	R	4	12	No	Req	42	200
Mount Sinai Hospital ♦[1-3]	Milwaukee	NPAssn	184	8,507	R	8	12	No	Req	39	100
St. Joseph Hospital ♦-X34	Milwaukee	Church	366	14,328	R	14	12	(279)	Req	44	100
St. Luke's Hospital ♦[1-3]	Milwaukee	Church	145	7,648	R	13					
					S	5					
					M	2	12	(285)	None	29	150
St. Mary's Hospital ♦[1-3]	Milwaukee	Church	210	7,980	R	6	12	No	None	47	100
St. Michael Hospital ♦[1-3]	Milwaukee	Church	137	4,704	R	3	12	(286)	Req	29	150
Theda Clark Memorial Hospital [1]	Neenah	NPAssn	170	5,170	M	2	12	No	None	34	100
Mercy Hospital [1]	Oshkosh	Church	218	6,692	R	1	12	No	None	19	150
St. Mary's Hospital [1]	Racine	Church	279	6,646	R	4	12	No	Req	33	150
St. Mary's Hospital [1-X33	Wausau	Church	230	8,574	R	4	12	No	Req	38	100
CANAL ZONE—Hospitals, 1; Internships, 18											
Gorgas Hospital ♦[1]	Ancon	Fed	500	7,547	R	18	12	No	Req	77	100.33
HAWAII—Hospitals, 2; Internships, 20											
Queen's Hospital ♦[1]	Honolulu	NPAssn	355	13,935	R	12	12	No	Req	70	50
St. Francis Hospital [1-3]	Honolulu	Church	213	7,443	R	8	12	No	Req	44	75
PUERTO RICO—Hospitals, 5; Internships, 41											
Bayamon District Hospital ♦[1-3]	Bayamon	Govt	300	7,847	R	9	12	No	Req	28	75
Fajardo District Hospital [1-3]	Fajardo	State	305	7,025	R	9	12	(280)	Req	21	75
Clinica Quirurgica Dr. Pila [1-3]	Ponce	NPAssn	165	3,858	R	5	12	(287)	Req	23	100
Presbyterian Hospital [1-3]	San Juan	Church	124	3,873	R	6	12	No	Req	24	50
San Juan City Hospital ♦[1-3]	San Juan	City	340	10,527	R	12	12	No	Req	38	75

Abbreviations and other references will be found on pages 293 and 294.

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HOSPITALS APPROVED FOR INTERNSHIPS IN THE DOMINION OF CANADA

The following list of hospitals which conform to the standards of the Canadian Medical Association is published for the information of graduates interested in an internship appointment in a Canadian hospital. Hospitals that are unqualifiedly approved as conforming to the standards of the Canadian Medical Association may be considered as offering internships equivalent in educational value to those in hospitals approved for intern training by the Council.

This list, revised to Aug. 1, 1952, has been furnished by the Canadian Medical Association.

Name of Hospital	Location
St. John's General Hospital	St. John's, Nfld.
Camp Hill Hospital	Halifax, N. S.
Halifax Infirmary	Halifax, N. S.
Victoria General Hospital	Halifax, N. S.
Moncton Hospital	Moncton, N. B.
Saint John General Hospital	Saint John, N. B.
Hotel-Dieu St.-Vallier	Chicoutimi, Que.
Children's Memorial Hospital	Montreal, Que.
Herbert Reddy Memorial Hosp.	Montreal, Que.
Hospital Sainte-Jeanne-d'Arc	Montreal, Que.
Hospital Sainte-Justine	Montreal, Que.
Hospital Saint-Luc	Montreal, Que.
Hotel Dieu de Montreal	Montreal, Que.
Jewish General Hospital	Montreal, Que.
Montreal General Hospital	Montreal, Que.
Notre-Dame Hospital	Montreal, Que.
Queen Elizabeth Hospital	Montreal, Que.
Queen Mary Veteran's Hospital	Montreal, Que.
Royal Victoria Hospital	Montreal, Que.
St. Mary's Hospital	Montreal, Que.
Hospital de l'Enfant Jesus	Quebec, Que.
Jeffery Hale's Hospital	Quebec, Que.
L'Hotel-Dieu, Quebec	Quebec, Que.
Saint-Sacrement Hospital	Quebec, Que.
Veteran's Hospital	Quebec, Que.
Ste. Anne's Hospital	Ste. Anne de Bellevue, Que.
Sherbrooke Hospital	Sherbrooke, Que.
Hospital General de Verdun	Verdun, Que.
Brantford General Hospital	Brantford, Ont.
Hamilton General Hospital	Hamilton, Ont.
St. Joseph's Hospital	Hamilton, Ont.
Hotel Dieu Hospital	Kingston, Ont.
Kingston General Hospital	Kingston, Ont.
Kitchener-Waterloo Hospital	Kitchener, Ont.
St. Joseph's Hospital	London, Ont.
Victoria Hospital	London, Ont.
Westminster Hospital	London, Ont.
Oshawa General Hospital	Oshawa, Ont.
Ottawa Civic Hospital	Ottawa, Ont.
Ottawa General Hospital	Ottawa, Ont.
Peterborough Civic Hosp.	Peterborough, Ont.
St. Catharines Gen. Hosp.	St. Catharines, Ont.
Hospital for Sick Children	Toronto, Ont.
Mount Sinai Hospital	Toronto, Ont.
St. Joseph's Hospital	Toronto, Ont.
St. Michael's Hospital	Toronto, Ont.
Sunnybrook Veterans' Hospital	Toronto, Ont.
Toronto East Gen. Hosp.	Toronto, Ont.
Toronto General Hospital	Toronto, Ont.
Toronto Western Hospital	Toronto, Ont.
Women's College Hospital	Toronto, Ont.
Grace Hospital	Windsor, Ont.
Hotel Dieu of St. Joseph	Windsor, Ont.
Metropolitan Hospital	Windsor, Ont.
St. Boniface Gen. Hosp.	St. Boniface, Man.
Children's Hospital	Winnipeg, Man.
Deer Lodge Hospital	Winnipeg, Man.
Misericordia Hospital	Winnipeg, Man.
Winnipeg General Hospital	Winnipeg, Man.
Regina General Hospital	Regina, Sask.
Regina Grey Nuns' Hospital	Regina, Sask.
St. Paul's Hospital	Saskatoon, Sask.
Saskatoon City Hospital	Saskatoon, Sask.
Calgary General Hospital	Calgary, Alta.
Colonel Belcher Hospital	Calgary, Alta.
Holy Cross Hospital	Calgary, Alta.
Edmonton General Hospital	Edmonton, Alta.
Misericordia Hospital	Edmonton, Alta.
Royal Alexandra Hospital	Edmonton, Alta.
University of Alberta Hospital	Edmonton, Alta.
Royal Columbian Hosp.	New Westminster, B. C.
St. Paul's Hospital	Vancouver, B. C.
Shaughnessy Hospital	Vancouver, B. C.
Vancouver General Hospital	Vancouver, B. C.
Royal Jubilee Hospital	Victoria, B. C.
St. Joseph's Hospital	Victoria, B. C.
Veterans' Hospital	Victoria, B. C.

ABBREVIATIONS AND NOTES

1. Appointments available to women applicants
2. Appointments restricted to women applicants
3. Appointments available to graduates of foreign medical schools
4. Dental internships available

* Male patients only

+ The plus sign indicates additional approval for residencies in specialties, as shown in the Council's list of Approved Residencies and Fellowships.

CyCo	City and County	Op	Optional
Corp	Corporation unrestricted as to profit	Req	Required
NPAssn	Nonprofit association	R	Rotating
Part	Partnership	M	Mixed
		S	Straight

Medical School Affiliations

Footnotes 10 to 84 refer to medical schools affiliated with hospitals for undergraduate clinical clerkships.

Hospitals have been identified with symbol **X** when a medical school has indicated that the hospital is a major unit in the school's teaching program. Hospitals have been identified with symbol **x** when a medical school has indicated that the hospital is used to a limited extent in the school's teaching program.

10. Medical College of Alabama, Birmingham, Ala.
11. University of Arkansas School of Medicine, Little Rock, Ark.
12. University of California School of Medicine, San Francisco, Calif.
13. College of Medical Evangelists, Loma Linda, Los Angeles, Calif.
14. University of Southern California School of Medicine, Los Angeles, Calif.
15. Stanford University School of Medicine, Stanford University, San Francisco, Calif.
16. University of Colorado School of Medicine, Denver, Colo.
17. Yale University School of Medicine, New Haven, Conn.
18. Georgetown University School of Medicine, Washington, D. C.
19. George Washington University School of Medicine, Washington, D. C.
20. Howard University College of Medicine, Washington, D. C.
21. Emory University School of Medicine, Atlanta (Emory University), Ga.
22. Medical College of Georgia, Augusta, Ga.
23. Chicago Medical School, Chicago, Ill.
24. Northwestern University Medical School, Chicago, Ill.
25. University of Chicago School of Medicine, Chicago, Ill.
26. University of Illinois College of Medicine, Chicago, Ill.
27. Stritch School of Medicine of Loyola University, Chicago, Ill.
28. Indiana University School of Medicine, Bloomington-Indianapolis, Ind.
29. State University of Iowa College of Medicine, Iowa City, Iowa
30. University of Kansas School of Medicine, Lawrence-Kansas City, Kan.
31. University of Louisville School of Medicine, Louisville, Ky.
32. Louisiana State University School of Medicine, New Orleans, La.
33. Tulane University of Louisiana School of Medicine, New Orleans, La.
34. Johns Hopkins University School of Medicine, Baltimore, Md.
35. University of Maryland School of Medicine and College of Physicians and Surgeons, Baltimore, Md.
36. Boston University School of Medicine, Boston, Mass.
37. Harvard Medical School, Boston, Mass.
38. Tufts College Medical School, Boston, Mass.
39. University of Michigan Medical School, Ann Arbor, Mich.
40. Wayne University College of Medicine, Detroit, Mich.
41. University of Minnesota Medical School, Minneapolis, Minn.
42. St. Louis University School of Medicine, St. Louis, Mo.
43. Washington University School of Medicine, St. Louis, Mo.
44. Creighton University School of Medicine, Omaha, Neb.
45. University of Nebraska College of Medicine, Omaha, Neb.
46. Dartmouth Medical School, Hanover, N. H.
47. Albany Medical College, Albany, N. Y.
48. University of Buffalo School of Medicine, Buffalo, N. Y.
49. Columbia University College of Physicians and Surgeons, New York, N. Y.
50. Cornell University Medical College, New York, N. Y.
51. New York Medical College, Flower and Fifth Avenue Hospitals, New York, N. Y.
52. New York University College of Medicine, New York, N. Y.
53. State University of New York College of Medicine at New York City-Brooklyn, N. Y.
54. University of Rochester School of Medicine and Dentistry, Rochester, N. Y.
55. State University of New York at Syracuse College of Medicine, Syracuse, N. Y.
56. University of North Carolina School of Medicine, Raleigh, N. C.
57. Duke University School of Medicine, Durham, N. C.
58. Bowman Gray School of Medicine of Wake Forest College, Winston-Salem, N. C.
59. University of Cincinnati College of Medicine, Cincinnati, Ohio
60. Western Reserve University School of Medicine, Cleveland, Ohio
61. Ohio State University College of Medicine, Columbus, Ohio
62. University of Oklahoma School of Medicine, Oklahoma City, Okla.
63. University of Oregon Medical School, Portland, Ore.
64. Hahnemann Medical College and Hospital of Philadelphia, Philadelphia, Pa.
65. Jefferson Medical College of Philadelphia, Philadelphia, Pa.
66. Temple University School of Medicine, Philadelphia, Pa.
67. University of Pennsylvania School of Medicine, Philadelphia, Pa.
68. Woman's Medical College of Pennsylvania, Philadelphia, Pa.
69. University of Pittsburgh School of Medicine, Pittsburgh, Pa.
70. Medical College of the State of South Carolina, Charleston, S. C.
71. University of South Dakota School of Medicine, Vermillion, S. D.
72. University of Tennessee College of Medicine, Memphis, Tenn.
73. Meharry Medical College, Nashville, Tenn.
74. Vanderbilt University School of Medicine, Nashville, Tenn.
75. Southwestern Medical School of the University of Texas, Dallas, Tex.
76. University of Texas School of Medicine, Galveston, Tex.
77. Baylor University College of Medicine, Houston, Tex.
78. University of Utah School of Medicine, Salt Lake City, Utah
79. University of Vermont College of Medicine, Burlington, Vt.
80. University of Virginia, Department of Medicine, Charlottesville, Va.
81. Medical College of Virginia, Richmond, Va.
82. University of Washington School of Medicine, Seattle, Wash.
83. University of Wisconsin Medical School, Madison, Wis.
84. Marquette University School of Medicine, Milwaukee, Wis.

Affiliations as Referred to in Column Headed: "Affiliated Service"

160. Maricopa County Hospital
161. Pima County Gen'l Hospital
162. Arkansas Children's Home and Hospital, Ped.
163. University Hospital
164. Riverside County Hospital
165. San Bernardino County Hospital, Contag.
166. Los Angeles County Hospital
167. Santa Monica Hospital
168. Harbor Gen'l Hospital
169. Los Angeles County Gen'l Hospital, Contag.
170. Children's Hospital
171. Children's Hospital; Los Angeles County Hospital
172. Children's Hospital
173. Fairmont Hospital of Alameda County
174. Vallejo Permanente Hospital
175. Mary's Help Hospital; St. Luke's Hospital
176. University of Colorado Medical Center
177. Boulder-Colorado Sanitarium; Boulder County Hospital
178. Children's Hospital
179. Colorado Gen'l Hospital
180. California Hospital, Los Angeles
181. Santa Barbara Gen'l Hospital
182. Children's Hospital
183. Holy Cross Hospital, Ob-Gyn.
184. N. Y. U.-Bellevue Medical Center, Regional Hospital Plan
185. J. J. McCook Mem'l Hospital for Com. Diseases
186. Hartford Hospital
187. New Haven Unit, Ped.
188. Grace-New Haven Hospital; Ped., Female Med.
189. Harbor Gen'l Hospital; Long Beach Gen'l Hospital
190. Harbor Gen'l Hospital; Los Angeles County Hospital; Children's Hospital; Queen of Angels Hospital
191. Bellevue Medical Center
192. Arlington Hospital, Arlington, Va.; Prince George Gen'l Hospital, Cheverly, Md.
193. Gallinger Municipal and Children's Hospitals
194. Gallinger Municipal Hospital
195. Grady Mem'l Hospital
196. University Hospital, Ob-Gyn
197. Chicago Lying-in Hospital; Contagious Hospital
198. Frank Cuneo Hospital
199. Gallinger Municipal Hospital
200. Mercy Hospital, Ped.
201. Winfield Sanatorium
202. Children's Memorial Hospital
203. Chicago Maternity Center; Children's Mem'l Hospital
204. Children's Hospital, Ped.
205. Winnebago County Hospital
206. San Francisco Hospital (Stanford University; University of California Service)
207. Southbury Training School, Ped.
208. Casualty Hospital; Children's Hospital
209. Children's Hospital; Jewish Hospital
210. Charity Hospital
211. Johns Hopkins Hospital
212. Indiana Unit Medical Center
213. Community program. Includes assignment to Denver General and a community hospital.
214. Northern Indiana Children's Hospital
215. St. Bernard's Hospital
216. Broadlawns Polk County Hospital
217. Children's Mercy Hospital
218. Sedgwick County Hospital
219. Children's Hospital, Louisville
220. St. Joseph Infirmary; Louisville Gen'l Hospital
221. Central Louisiana State Hospital
222. Shreveport Charity Hospital
223. Johns Hopkins Hospital; Union Mem'l Hospital, Ped.
224. Charles Y. Chapin Hospital; Providence Hospital
225. Haynes Mem'l Hospital
226. Boston City Hospital
227. Eastern Maine Gen'l Hospital, Bangor; Boston City Hospital; Boston Dispensary; Boston Floating Hospital
228. St. Elizabeth's Hospital, Brighton
229. Peter Bent Brigham Hospital; New England Deaconess Hospital
230. Our Lady of Peace Hospital
231. Central Louisiana State Hospital
232. Wesson Maternity Hospital
233. University Hospital
234. Children's Hospital; Herman Kiefer Hospital, Detroit
235. Children's Hospital; Receiving Hospital
236. Receiving Hospital; Herman Kiefer Hospital
237. St. Joseph Retreat, Psych.; Herman Kiefer Hospital, Cont.
238. Herman Kiefer Hospital
239. Grace Hospital, Obstetrics
240. Children's Hospital
241. Herman Kiefer Hospital; Woman's Hospital
242. McLaren General Hospital
243. Evangeline Home, Obstetrics; Cancer Detection Center; Cardiac Clinic
244. Bronson Methodist Hospital
245. Ingham County T.B. Sanatorium
246. Pontiac State Hospital; Oakland County T.B. Sanatorium; Oakland County Contag. Hospital
247. T.B. Sanatorium and State Hospital
248. County T.B. Sanatorium
249. Miller Memorial Hospital
250. University Hospitals
251. Minneapolis Gen'l Hospital
252. Children's Hospital, St. Paul; Kenny Institute, Minneapolis
253. Gillette State Hospital for Crippled Children
254. Children's Hospital
255. Gillette State Hospital for Crippled Children; Ancker Hospital; County Hospital
256. Ancker Hospital; Charles T. Miller Hospital
257. Mississippi State Charity Hospital
258. Ingham County T.B. Sanatorium
259. Children's Mercy Hospital
260. State Hospital No. 2
261. Koch Hospital; St. Mary's Infirmary
262. Alexian Brothers Hospital
263. St. Louis City Hospital
264. St. Louis Maternity Hospital; St. Louis County Hospital
265. Children's Mem'l Hospital
266. Margaret Hague Maternity Hospital; B. S. Pollak Hospital for Chest Diseases
267. Brady Maternity Hospital
268. Kingston Avenue Hospital, T.B.
269. Bellevue Medical Center
270. Rochester General Hospital
271. Glenridge Sanatorium
272. Children's Hospital, Ped.
273. St. Bernard's Hospital, Council Bluffs, Psych.
274. Children's Mem'l Hospital; Nebraska Psychiatric Unit
275. Children's Seashore Home; Clyde Fish Memorial Hospital; Betty Bacharach Home
276. Jersey City Medical Center, Babies Hospital, Newark
277. St. Elizabeth Hospital
278. Margaret Hague Maternity Hospital; Jersey City Medical Center
279. Margaret Hague Maternity Hospital
280. Georgetown University Hospital, Washington, D. C.
281. Emergency Hospital
282. Chemung County T.B. Sanatorium
283. Children's Hospital, Buffalo
284. Greenpoint Hospital, Obstetrics
285. Children's Hospital, Cincinnati
286. St. Mary's Hospital
287. St. Ann's Maternity Hospital, Cleveland
288. Mt. Sinai Hospital, Cleveland
289. Children's Hospital, Columbus
290. Shriners Hospital; City Isolation Hospital
291. Providence Hospital, Ped.
292. Park Avenue Hospital; Geneva Gen'l Hospital
293. Babies Hospital-Doit Mem'l; Newark City Hospital
294. New York Hospital
295. Beth-Israel Hospital, Obstetrics
296. Lincoln Hospital
297. Torrance State Hospital
298. Mary J. Drexel Children's Hospital
299. Children's Hospital, Ped.
300. Hahnemann Hospital
301. Elizabeth Steele McGee Hospital; Children's Hospital; Eye and Ear Hospital
302. West Side Hospital
303. Kingston Avenue Hospital
304. Misericordia Hospital, New York City, Ob., Ped.; U. S. Public Health Service Hospital, Brooklyn, T.B.
305. Children's Hospital
306. Children's Hospital, Akron, Ped.
307. Cincinnati General Hospital
308. St. Louis Maternity, St. Louis City, St. Louis Children's Hospitals
309. Children's Hospital, Columbus
310. Lima State Hospital, Neuro Psychiatry
311. Children's Hospital, Columbus; Maumee Valley Hospital, Toledo
312. University Hospital
313. Veterans' View Hospital, Clinton; Mercy and St. Anthony's Hospitals
314. University Hospital, Oklahoma City
315. City Isolation Hospital
316. St. Joseph Hospital, Vancouver; Emanuel Hospital, Portland
317. Genesee Hospital; Highland Hospital
318. Presbyterian Hospital, Philadelphia
319. Philadelphia Hospital for Contagious Diseases
320. St. Christopher's Hospital for Children; Episcopal Hospital; Shriner's Hospital for Crippled Children, Philadelphia; General Hospitals; Eagleville Sanatorium
321. Providence Lying-in Hospital
322. Charles V. Chapin Hospital
323. T. C. Thompson Children's Hospital
324. East Tennessee T.B. Hospital
325. Memphis E. E. N. and T. Hospital; West Tennessee T.B. Hospitals
326. Memorial Hospital, Corpus Christi, Ob. Gyn.; John Sealy Hospital, Ped.
327. Jefferson Davis Hospital
328. Parkland and Children's Hospitals, Dallas
329. Gulf, Colorado and Santa Fe Railroad Ass'n Hospital
330. Utah State T.B. Sanatorium
331. Blue Ridge Sanatorium, Lynchburg General Hospital; Kings Daughters Hospital, Staunton, Va.
332. U. S. Naval Hospital, Ob.; Kings Daughters Hospital, Ped.
333. Children's Orthopedic Hospital
334. C. C. Lawson General Hospital, Ob. Gyn.
335. Booth Memorial Hospital, Shriners Hospital for Crippled Children
336. Children's Hospital
337. County Hospital, Anes.; Emergency Hospital; Children's Hospital; Isolation Hospital
338. South View Hospital; St. Joseph's Hospital
339. St. Michael's Hospital
340. Bayamon District Hospital
341. Nashville General Hospital, Ped.
342. Salt Lake County General Hospital
343. St. Elizabeth; St. Luke's; Richmond; Northampton-Accomack Memorial, Nassarondox, Va.; Mary Washington, Fredericksburg, Southside Community, Farmville; Radford Memorial, Franklin; Louise Obici Memorial, Suffolk
344. Chronic Disease and Dunham, T.B.
345. Milwaukee County, Ped.
346. South View, Cont.
347. Bayamon District Hospital
348. Cleveland City Hospital
349. Central Louisiana State Hospital
350. Hurley Hospital
351. Texas Children and Parkland Hospitals
352. Durham County T.B. Sanatorium, Ped. Dis.; Lincoln Hospital; Eastern Medical Center, Derm. Syphil.; McPherson Hospital, E.E.N.T.; Watts Hospital, Ped., Psych.; Veterans Admin. Hospital, Psych.; Fort Bragg Hospital, Ft. Bragg, N. C., Ped.; Shriner's Hospital for Crippled Children, Greenville, S. C., Ortho.; North Carolina Orthopedic Hospital, Gastonia, N. C., Ortho.; Armed Forces Institute of Pathology, Washington, D. C., Ortho.; Charlotte Memorial Hospital, Charlotte, N. C., Ortho.; Warm Springs Foundation, Warm Springs, Ga., Ortho.; Alfred I. Dupont Institute, Wilmington, Del., Ortho.
353. Baptist Memorial and St. Joseph's Hospitals
354. Bellevue and Willard Parker Hospitals
355. Syracuse Memorial, City Hospital of Communicable Diseases, Psychopathic Hospital, Crouse-Irving Hospital, University Hospital
356. Children's, St. Francis, Columbus Receiving, Ohio T.B. Hospitals
357. Macon County T. B. Sanatorium; City Contagion Hospital

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APPROVED INTERNSHIPS BY TYPE OF SERVICE

ROTATING

Number of Approved Programs, 908

UNITED STATES ARMY

Army and Navy General Hospital	Hot Springs National Park, Ark.
Letterman Army Hospital	San Francisco
Fitzsimons Army Hospital	Denver
Army Medical Center	Washington, D. C.
Murphy Army Hospital	Waltham, Mass.
Percy Jones Army Hospital	Battle Creek, Mich.
Valley Forge Army Hospital	Phoenixville, Pa.
William Beaumont Army Hospital	El Paso, Tex.
Brooke Army Hospital	San Antonio, Tex.
Madigan Army Hospital	Fort Lewis, Wash.
Tripler Army Hospital	Moanalua, Honolulu, T. H.

UNITED STATES NAVY

U. S. Naval Hospital	Oakland, Calif.
U. S. Naval Hospital	Oceanside, Calif.
U. S. Naval Hospital	San Diego, Calif.
U. S. Naval Hospital	Jacksonville, Fla.
U. S. Naval Hospital	Pensacola, Fla.
U. S. Naval Hospital	Great Lakes, Ill.
U. S. Naval Hospital	Bethesda, Md.
U. S. Naval Hospital	Chelsea, Mass.
U. S. Naval Hospital	St. Albans, N. Y.
U. S. Naval Hospital	Philadelphia
U. S. Naval Hospital	Newport, R. I.
U. S. Naval Hospital	Charleston, S. C.
U. S. Naval Hospital	Portsmouth, Va.
U. S. Naval Hospital	Bremerton, Wash.

U. S. PUBLIC HEALTH SERVICE

U. S. Public Health Service Hospital	San Francisco
U. S. Public Health Service Hospital	Chicago
U. S. Public Health Service Hospital	New Orleans, La.
U. S. Public Health Service Hospital	Baltimore
U. S. Public Health Service Hospital	Boston
U. S. Public Health Service Hospital	Detroit
U. S. Public Health Service Hospital	Stapleton, S. I., N. Y.
U. S. Public Health Service Hospital	Cleveland
U. S. Public Health Service Hospital	Galveston, Tex.
U. S. Public Health Service Hospital	Norfolk, Va.
U. S. Public Health Service Hospital	Seattle

FEDERAL SECURITY AGENCY

Freedmen's Hospital	Washington, D. C.
St. Elizabeth's Hospital	Washington, D. C.

VETERANS ADMINISTRATION

Veterans Admin. Hospital	Little Rock, Ark.
Veterans Admin. Hospital	Long Beach, Calif.
Veterans Admin. Hospital	Los Angeles
Veterans Admin. Hospital	Dearborn, Mich.
Veterans Admin. Hospital	Oklahoma City, Okla.
Veterans Admin. Hospital	Houston, Tex.

OTHER FEDERAL

Gorgas Hospital	Ancon, C. Z.
Bayamon District Hospital	Bayamon, P. R.

NONFEDERAL

Carraway Methodist Hospital	Birmingham, Ala.
Jefferson-Hillman Hospital	Birmingham, Ala.
St. Vincent's Hospital	Birmingham, Ala.
Lloyd Noland Hospital	Fairfield, Ala.
Holy Name of Jesus Hospital	Gadsden, Ala.
City Hospital	Mobile, Ala.
Good Samaritan Hospital	Phoenix, Ariz.
Memorial Hospital	Phoenix, Ariz.
St. Joseph's Hospital	Phoenix, Ariz.
St. Mary's Hospital and Sanatorium	Tucson, Ariz.
Tucson Medical Center	Tucson, Ariz.
Arkansas Baptist Hospital	Little Rock, Ark.
St. Vincent Infirmary	Little Rock, Ark.
University Hospital	Little Rock, Ark.
General Hospital of Riverside County	Arlington, Calif.
Herrick Memorial Hospital	Berkeley, Calif.
San Joaquin General Hospital	French Camp, Calif.
General Hospital of Fresno County	Fresno, Calif.
Glendale Sanitarium and Hospital	Glendale, Calif.
Loma Linda Sanitarium and Hospital	Loma Linda, Calif.
Long Beach Community Hospital	Long Beach, Calif.
St. Mary's Long Beach Hospital	Long Beach, Calif.
Seaside Memorial Hospital	Long Beach, Calif.
California Hospital	Los Angeles

NONFEDERAL—Continued

Cedars of Lebanon Hospital	Los Angeles
Hospital of the Good Samaritan	Los Angeles
Los Angeles County Hospital	Los Angeles
Methodist Hospital of Southern California	Los Angeles
Presbyterian Hospital-Olmsted Memorial	Los Angeles
Queen of Angels Hospital	Los Angeles
White Memorial Hospital	Los Angeles
Highland Alameda County Hospital	Oakland, Calif.
Permanente Hospital	Oakland, Calif.
Orange County General Hospital	Orange, Calif.
Collis P. and Howard Huntington Memorial Hosp.	Pasadena, Calif.
St. Luke Hospital	Pasadena, Calif.
Sacramento County Hospital	Sacramento, Calif.
San Bernardino County Charity Hospital	San Bernardino, Calif.
Mercy Hospital	San Diego, Calif.
San Diego County General Hospital	San Diego, Calif.
Children's Hospital	San Francisco
Franklin Hospital	San Francisco
French Hospital	San Francisco
Mary's Help Hospital	San Francisco
Mount Zion Hospital	San Francisco
St. Joseph's Hospital	San Francisco
St. Luke's Hospital	San Francisco
St. Mary's Hospital	San Francisco
San Francisco Hospital	San Francisco
Southern Pacific General Hospital	San Francisco
Santa Clara County Hospital	San Jose, Calif.
Santa Barbara Cottage Hospital	Santa Barbara, Calif.
St. John's Hospital	Santa Monica, Calif.
Santa Monica Hospital	Santa Monica, Calif.
Harbor General Hospital	Torrance, Calif.
Glockner Penrose Hospital	Colorado Spgs., Colo.
General Rose Memorial Hospital	Denver
Mercy Hospital	Denver
Porter Sanitarium and Hospital	Denver
Presbyterian Hospital	Denver
St. Anthony Hospital	Denver
St. Joseph's Hospital	Denver
St. Luke's Hospital	Denver
University of Colorado Medical Center	
Colorado General Hospital	Denver
Denver General Hospital	Denver
Weld County Public Hospital	Greeley, Colo.
Corwin Hospital	Pueblo, Colo.
Bridgeport Hospital	Bridgeport, Conn.
St. Vincent's Hospital	Bridgeport, Conn.
Danbury Hospital	Danbury, Conn.
Greenwich Hospital	Greenwich, Conn.
Hartford Hospital	Hartford, Conn.
J. J. McCook Memorial Hospital	Hartford, Conn.
Mount Sinai Hospital	Hartford, Conn.
St. Francis Hospital	Hartford, Conn.
Manchester Memorial Hospital	Manchester, Conn.
Meriden Hospital	Meriden, Conn.
Middlesex Hospital	Middletown, Conn.
New Britain General Hospital	New Britain, Conn.
Grace-New Haven Community Hospital	
Grace Unit	New Haven, Conn.
Hospital of St. Raphael	New Haven, Conn.
Lawrence and Memorial Associated Hospitals	New London, Conn.
Norwalk Hospital	Norwalk, Conn.
William W. Backus Hospital	Norwich, Conn.
Stamford Hospital	Stamford, Conn.
St. Mary's Hospital	Waterbury, Conn.
Waterbury Hospital	Waterbury, Conn.
Delaware Hospital	Wilmington, Del.
Memorial Hospital	Wilmington, Del.
Wilmington General Hospital	Wilmington, Del.
Central Dispensary and Emergency Hospital	Washington, D. C.
Doctors Hospital	Washington, D. C.
Gallinger Municipal Hospital	Washington, D. C.
Garfield Memorial Hospital	Washington, D. C.
George Washington University Hospital	Washington, D. C.
Providence Hospital	Washington, D. C.
Sibley Memorial Hospital	Washington, D. C.
Washington Sanitarium and Hospital	Washington, D. C.
Duval Medical Center	Jacksonville, Fla.
St. Luke's Hospital	Jacksonville, Fla.
St. Vincent's Hospital	Jacksonville, Fla.
Jackson Memorial Hospital	Miami Beach, Fla.
Mount Sinai Hospital	Miami Beach, Fla.
St. Francis Hospital	Miami Beach, Fla.
Orange Memorial Hospital	Orlando, Fla.
Tampa Municipal Hospital	Tampa, Fla.
Athens General Hospital	Athens, Ga.
St. Mary's Hospital	Athens, Ga.
Crawford W. Long Memorial Hospital	Atlanta
Georgia Baptist Hospital	Atlanta

NONFEDERAL—Continued

Piedmont Hospital	Atlanta
St. Joseph's Infirmary	Atlanta
University Hospital	Augusta, Ga.
Columbus City Hospital	Columbus, Ga.
Macon General Hospital	Macon, Ga.
MacNeal Memorial Hospital	Berwyn, Ill.
Alexian Brothers Hospital	Chicago
American Hospital	Chicago
Augustana Hospital	Chicago
Chicago Memorial Hospital	Chicago
Columbus Hospital	Chicago
Cook County Hospital	Chicago
Edgewater Hospital	Chicago
Englewood Hospital	Chicago
Evangelical Hospital	Chicago
Garfield Park Community Hospital	Chicago
Grant Hospital	Chicago
Henrotin Hospital	Chicago
Holy Cross Hospital	Chicago
Hospital of St. Anthony de Padua	Chicago
Illinois Central Hospital	Chicago
Illinois Masonic Hospital	Chicago
Jackson Park Hospital	Chicago
Lutetto Hospital	Chicago
Lutheran Deaconess Home and Hospital	Chicago
Mercy Hospital	Chicago
Michael Reese Hospital	Chicago
Mother Cabrini Memorial Hospital	Chicago
Mount Sinai Hospital	Chicago
Norwegian American Hospital	Chicago
Passavant Memorial Hospital	Chicago
Presbyterian Hospital	Chicago
Provident Hospital	Chicago
Ravenswood Hospital	Chicago
Research and Educational Hospitals	Chicago
Roseland Community Hospital	Chicago
St. Anne's Hospital	Chicago
St. Bernard's Hospital	Chicago
St. Elizabeth Hospital	Chicago
St. Luke's Hospital	Chicago
St. Mary of Nazareth Hospital	Chicago
South Chicago Community Hospital	Chicago
Swedish Covenant Hospital	Chicago
University of Chicago Clinics	Chicago
Walther Memorial Hospital	Chicago
Wesley Memorial Hospital	Chicago
Women and Children's Hospital	Chicago
Woodlawn Hospital	Chicago
Decatur and Macon County Hospital	Decatur, Ill.
St. Mary's Hospital	East St. Louis, Ill.
Memorial Hospital	Elmhurst, Ill.
Evanston Hospital	Evanston, Ill.
St. Francis Hospital	Evanston, Ill.
Little Company of Mary Hospital	Evergreen Park, Ill.
St. Joseph's Hospital	Joliet, Ill.
Moline Public Hospital	Moline, Ill.
Oak Park Hospital	Oak Park, Ill.
West Suburban Hospital	Oak Park, Ill.
Methodist Hospital of Central Illinois	Peoria, Ill.
St. Francis Hospital	Peoria, Ill.
St. Mary's Hospital	Quincy, Ill.
Rockford Memorial Hospital	Rockford, Ill.
St. Anthony's Hospital	Rockford, Ill.
Swedish American Hospital	Rockford, Ill.
Memorial Hospital	Springfield, Ill.
St. Catherine Hospital	East Chicago, Ind.
Protestant Deaconess Hospital	Evansville, Ind.
Lutheran Hospital	Fort Wayne, Ind.
Methodist Hospital	Gary, Ind.
St. Mary's Mercy Hospital	Gary, Ind.
St. Margaret Hospital	Hammond, Ind.
Indianapolis General Hospital	Indianapolis
Indiana University Medical Center	Indianapolis
Methodist Hospital	Indianapolis
St. Vincent's Hospital	Indianapolis
St. Elizabeth Hospital	La Fayette, Ind.
St. Joseph Hospital	Mishawaka, Ind.
Ball Memorial Hospital	Muncie, Ind.
Memorial Hospital	South Bend, Ind.
St. Joseph's Hospital	South Bend, Ind.
Mercy Hospital	Cedar Rapids, Ia.
St. Luke's Methodist Hospital	Cedar Rapids, Ia.
Mercy Hospital	Council Bluffs, Ia.
Mercy Hospital	Davenport, Ia.
Broadlawns Polk County Hospital	Des Moines, Ia.
Iowa Lutheran Hospital	Des Moines, Ia.
Iowa Methodist Hospital	Des Moines, Ia.
Mercy Hospital	Des Moines, Ia.
Mercy Hospital	Iowa City, Ia.
University Hospitals	Iowa City, Ia.
St. Joseph Mercy Hospital	Sioux City, Ia.
Bethany Hospital	Kansas City, Kans.
Providence Hospital	Kansas City, Kans.
St. Margaret's Hospital	Kansas City, Kans.
University of Kansas Medical Center	Kansas City, Kans.
St. Francis Hospital	Wichita, Kans.
Wesley Hospital	Wichita, Kans.

NONFEDERAL—Continued

Wichita-St. Joseph Hospital	Wichita, Kans.
St. Elizabeth Hospital	Covington, Ky.
Good Samaritan Hospital	Lexington, Ky.
St. Joseph Hospital	Lexington, Ky.
Kentucky Baptist Hospital	Louisville
Louisville General Hospital	Louisville
St. Anthony's Hospital	Louisville
St. Joseph Infirmary	Louisville
SS. Mary and Elizabeth Hospital	Louisville
Baptist Hospital	Alexandria, La.
Baton Rouge General Hospital	Baton Rouge, La.
Charity Hospital of Louisiana	New Orleans
Hotel Dieu Sisters Hospital	New Orleans
Mercy Hospital-Soniat Memorial	New Orleans
Southern Baptist Hospital	New Orleans
Touro Infirmary	New Orleans
North Louisiana Sanitarium	Shreveport, La.
Shreveport Charity Hospital	Shreveport, La.
T. E. Schumpert Memorial Sanitarium	Shreveport, La.
Eastern Maine General Hospital	Bangor, Me.
Central Maine General Hospital	Lewiston, Me.
St. Mary's General Hospital	Lewiston, Me.
Maine General Hospital	Portland, Me.
Baltimore City Hospital	Baltimore
Bon Secours Hospital	Baltimore
Church Home and Hospital	Baltimore
Franklin Square Hospital	Baltimore
Lutheran Hospital	Baltimore
Maryland General Hospital	Baltimore
Mercy Hospital	Baltimore
St. Agnes Hospital	Baltimore
St. Joseph's Hospital	Baltimore
Sinai Hospital	Baltimore
South Baltimore General Hospital	Baltimore
Union Memorial Hospital	Baltimore
University Hospital	Baltimore
Washington County Hospital	Hagerstown, Md.
Beverly Hospital	Beverly, Mass.
Carney Hospital	Boston
New England Hospital	Boston
St. Elizabeth's Hospital	Boston
Brockton Hospital	Brockton, Mass.
Cambridge City Hospital	Cambridge, Mass.
Mount Auburn Hospital	Cambridge, Mass.
Truesdale Hospital	Fall River, Mass.
Union Hospital	Fall River, Mass.
Burbank Hospital	Fitchburg, Mass.
Holyoke Hospital	Holyoke, Mass.
Lawrence General Hospital	Lawrence, Mass.
Lowell General Hospital	Lowell, Mass.
St. John's Hospital	Lowell, Mass.
St. Joseph's Hospital	Lowell, Mass.
Lynn Hospital	Lynn, Mass.
St. Luke's Hospital	New Bedford, Mass.
Newton Wellesley Hospital	Newton Lower Falls, Mass.
Pittsfield General Hospital	Pittsfield, Mass.
St. Luke's Hospital	Pittsfield, Mass.
Quincy City Hospital	Quincy, Mass.
Salem Hospital	Salem, Mass.
Mercy Hospital	Springfield, Mass.
Springfield Hospital	Springfield, Mass.
Wesson Memorial Hospital	Springfield, Mass.
Waltham Hospital	Waltham, Mass.
Memorial Hospital	Worcester, Mass.
St. Vincent Hospital	Worcester, Mass.
Worcester City Hospital	Worcester, Mass.
St. Joseph's Mercy Hospital	Ann Arbor, Mich.
University Hospital	Ann Arbor, Mich.
Leila Y. Post Montgomery Hospital	Battle Creek, Mich
City of Detroit Receiving Hospital	Detroit
Detroit Memorial Hospital	Detroit
Evangelical Deaconess Hospital	Detroit
Grace Hospital	Detroit
Harper Hospital	Detroit
Henry Ford Hospital	Detroit
Jennings Memorial Hospital	Detroit
Mt. Carmel Mercy Hospital	Detroit
Providence Hospital	Detroit
St. Joseph's Mercy Hospital	Detroit
Woman's Hospital	Detroit
Wayne County General Hospital and Infirmary	Eloise, Mich.
Hurley Hospital	Flint, Mich.
McLaren General Hospital	Flint, Mich.
St. Joseph Hospital	Flint, Mich.
Blodgett Memorial Hospital	Grand Rapids, Mich.
Butterworth Hospital	Grand Rapids, Mich.
St. Mary's Hospital	Grand Rapids, Mich
Highland Park General Hospital	Highland Park, Mich.
Borgess Hospital	Kalamazoo, Mich.
Bronson Methodist Hospital	Kalamazoo, Mich.
Edward W. Sparrow Hospital	Lansing, Mich.
St. Lawrence Hospital	Lansing, Mich.
Hackley Hospital	Muskegon, Mich.
Pontiac General Hospital	Pontiac, Mich.
St. Joseph Mercy Hospital	Pontiac, Mich.

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NONFEDERAL—Continued

Saginaw General Hospital	Saginaw, Mich.
St. Luke's Hospital	Saginaw, Mich.
St. Mary's Hospital	Saginaw, Mich.
James Decker Munson Hospital	Traverse City, Mich.
St. Luke's Hospital	Duluth, Minn.
St. Mary's Hospital	Duluth, Minn.
Abbott Hospital	Minneapolis
Asbury Hospital	Minneapolis
Lutheran Deaconess Home and Hospital	Minneapolis
Minneapolis General Hospital	Minneapolis
Mount Sinai Hospital	Minneapolis
Northwestern Hospital	Minneapolis
St. Barnabas Hospital	Minneapolis
St. Mary's Hospital	Minneapolis
Swedish Hospital	Minneapolis
Ancker Hospital	St. Paul
Bethesda Hospital	St. Paul
Charles T. Miller Hospital	St. Paul
St. Joseph's Hospital	St. Paul
St. Luke's Hospital	St. Paul
Mississippi Baptist Hospital	Jackson, Miss.
Mercy Hospital-Street Memorial	Vicksburg, Miss.
St. Louis County Hospital	Clayton, Mo.
Kansas City General Hospital No. 1	Kansas City, Mo.
Kansas City General Hospital No. 2	Kansas City, Mo.
Menorah Hospital Medical Center	Kansas City, Mo.
St. Joseph Hospital	Kansas City, Mo.
St. Luke's Hospital	Kansas City, Mo.
St. Mary's Hospital	Kansas City, Mo.
Trinity Lutheran Hospital	Kansas City, Mo.
Missouri Methodist Hospital	St. Joseph, Mo.
St. Joseph's Hospital	St. Joseph, Mo.
Christian Hospital	St. Louis
De Paul Hospital	St. Louis
Evangelical Deaconess Hospital	St. Louis
Homer G. Phillips Hospital	St. Louis
Jewish Hospital	St. Louis
Missouri Baptist Hospital	St. Louis
St. Anthony's Hospital	St. Louis
St. John's Hospital	St. Louis
St. Louis City Hospital	St. Louis
St. Luke's Hospital	St. Louis
St. Mary's Group of Hospitals	St. Louis
St. James Hospital	Butte, Mont.
Montana Deaconess Hospital	Great Falls, Mont.
Bryan Memorial Hospital	Lincoln, Nebr.
Lincoln General Hospital	Lincoln, Nebr.
St. Elizabeth Hospital	Lincoln, Nebr.
Bishop Clarkson Memorial Hospital	Omaha
Creighton Memorial St. Joseph Hospital	Omaha
Immanuel Deaconess Institute	Omaha
Nebraska Methodist Hospital	Omaha
St. Catherine's Hospital	Omaha
University of Nebraska Hospital	Omaha
Mary Hitchcock Memorial Hospital	Hanover, N. H.
Atlantic City Hospital	Atlantic City, N. J.
Bayonne Hospital and Dispensary	Bayonne, N. J.
Cooper Hospital	Camden, N. J.
West Jersey Hospital	Camden, N. J.
East Orange General Hospital	East Orange, N. J.
Alexian Brothers Hospital	Elizabeth, N. J.
Elizabeth General Hospital and Dispensary	Elizabeth, N. J.
St. Elizabeth Hospital	Elizabeth, N. J.
Englewood Hospital	Englewood, N. J.
Hackensack Hospital	Hackensack, N. J.
St. Mary's Hospital	Hoboken, N. J.
Christ Hospital	Jersey City, N. J.
Jersey City Hospital	Jersey City, N. J.
St. Francis Hospital	Jersey City, N. J.
Monmouth Memorial Hospital	Long Branch, N. J.
Mountainside Hospital	Montclair, N. J.
Morristown Memorial Hospital	Morristown, N. J.
Fitkin Memorial Hospital	Neptune, N. J.
Hospital of St. Barnabas and for Women and Children	Newark, N. J.
Newark Beth Israel Hospital	Newark, N. J.
Newark City Hospital	Newark, N. J.
Presbyterian Hospital	Newark, N. J.
St. Michael's Hospital	Newark, N. J.
St. Peter's General Hospital	New Brunswick, N. J.
Orange Memorial Hospital	Orange, N. J.
Passaic General Hospital	Passaic, N. J.
St. Mary's Hospital	Passaic, N. J.
Barnett Memorial Hospital	Paterson, N. J.
Paterson General Hospital	Paterson, N. J.
St. Joseph Hospital	Paterson, N. J.
Perth Amboy General Hospital	Perth Amboy, N. J.
Muhlenberg Hospital	Plainfield, N. J.
Overlook Hospital	Summit, N. J.
Holy Name Hospital	Teaneck, N. J.
Mercer Hospital	Trenton, N. J.
St. Francis Hospital	Trenton, N. J.
William McKinley Memorial Hospital	Trenton, N. J.
North Hudson Hospital	Weehawken, N. J.
Albany Hospital	Albany, N. Y.
Memorial Hospital	Albany, N. Y.
St. Peter's Hospital	Albany, N. Y.

NONFEDERAL—Continued

Binghamton City Hospital	Binghamton, N. Y.
Beth El Hospital	Brooklyn
Brooklyn Hospital	Brooklyn
Bushwick Hospital	Brooklyn
Coney Island Hospital	Brooklyn
Cumberland Hospital	Brooklyn
Greenpoint Hospital	Brooklyn
Jewish Hospital	Brooklyn
Kings County Hospital	Brooklyn
Long Island College Hospital	Brooklyn
Maimonides Hospital	Brooklyn
Methodist Hospital	Brooklyn
Norwegian Lutheran Deaconesses' Home and Hosp.	Brooklyn
Prospect Heights Hospital	Brooklyn
St. Catherine's Hospital	Brooklyn
St. John's Episcopal Hospital	Brooklyn
St. Mary's Hospital	Brooklyn
Unity Hospital	Brooklyn
Wyckoff Heights Hospital	Brooklyn
Allied Hospital of the Sisters of Charity	Buffalo
Buffalo General Hospital	Buffalo
Deaconess Hospital	Buffalo
Edward J. Mayer Memorial Hospital	Buffalo
Mercy Hospital	Buffalo
Millard Fillmore Hospital	Buffalo
Mary Imogene Bassett Hospital	Cooperstown, N. Y.
Arnot Ogden Memorial Hospital	Elmira, N. Y.
St. Joseph's Hospital	Elmira, N. Y.
Flushing Hospital and Dispensary	Flushing, N. Y.
North Country Community Hospital	Glen Cove, N. Y.
Glens Falls Hospital	Glens Falls, N. Y.
Meadowbrook Hospital	Hempstead, N. Y.
Jamaica Hospital	Jamaica, N. Y.
Mary Immaculate Hospital	Jamaica, N. Y.
Queens General Hospital	Jamaica, N. Y.
Charles S. Wilson Memorial Hospital	Johnson City, N. Y.
Our Lady of Victory Hospital	Lackawanna, N. Y.
St. John's Long Island City Hospital	Long Island City, N. Y.
Nassau Hospital	Mineola, N. Y.
Northern Westchester Hospital	Mount Kisco, N. Y.
Mount Vernon Hospital	Mount Vernon, N. Y.
St. Luke's Hospital	Newburgh, N. Y.
New Rochelle Hospital	New Rochelle, N. Y.
Beth David Hospital	New York City
Beth Israel Hospital	New York City
Bronx Hospital	New York City
Columbus Hospital	New York City
Flower and Fifth Avenue Hospitals	New York City
Fordham Hospital	New York City
French Hospital	New York City
Harlem Hospital	New York City
Hospital for Joint Diseases	New York City
Jewish Memorial Hospital	New York City
Knickerbocker Hospital	New York City
Lebanon Hospital	New York City
Lenox Hill Hospital	New York City
Lincoln Hospital	New York City
Metropolitan Hospital	New York City
Misericordia Hospital	New York City
Morrisania City Hospital	New York City
Mother Cabrini Memorial Hospital	New York City
Mount Sinai Hospital	New York City
New York City Hospital	New York City
New York Infirmary	New York City
New York Polyclinic Medical School and Hospital	New York City
St. Clare's Hospital	New York City
St. Francis Hospital	New York City
St. Vincent's Hospital	New York City
Sydenham Hospital	New York City
Mount St. Mary's Hospital	Niagara Falls, N. Y.
United Hospital	Port Chester, N. Y.
St. Francis Hospital	Poughkeepsie, N. Y.
Vassar Brothers Hospital	Poughkeepsie, N. Y.
Genesee Hospital	Rochester, N. Y.
Highland Hospital	Rochester, N. Y.
Park Avenue Hospital	Rochester, N. Y.
Rochester General Hospital	Rochester, N. Y.
St. Mary's Hospital	Rochester, N. Y.
Strong Memorial—Rochester Municipal Hospitals	Rochester, N. Y.
Ellis Hospital	Schenectady, N. Y.
St. Clare's Hospital	Schenectady, N. Y.
St. Vincent's Hospital	Staten Island, N. Y.
Staten Island Hospital	Staten Island, N. Y.
State University of New York Medical Center	
Crouse-Irving Hospital	Syracuse, N. Y.
Syracuse Memorial Hospital	Syracuse, N. Y.
University Hospital of the Good Shepherd	Syracuse, N. Y.
St. Joseph's Hospital	Syracuse, N. Y.
St. Mary's Hospital	Troy, N. Y.
Samaritan Hospital	Troy, N. Y.
Grasslands Hospital	Valhalla, N. Y.
St. Agnes Hospital	White Plains, N. Y.
White Plains Hospital	White Plains, N. Y.
St. John's Riverside Hospital	Yonkers, N. Y.
St. Joseph's Hospital	Yonkers, N. Y.

NONFEDERAL—Continued

Yonkers General Hospital	Yonkers, N. Y.
North Carolina Memorial Hospital	Chapel Hill, N. C.
Charlotte Memorial Hospital	Charlotte, N. C.
Mercy Hospital	Charlotte, N. C.
Lincoln Hospital	Durham, N. C.
Watts Hospital	Durham, N. C.
Rex Hospital	Raleigh, N. C.
St. Agnes Hospital	Raleigh, N. C.
James Walker Memorial Hospital	Wilmington, N. C.
City Memorial Hospital	Winston-Salem, N. C.
Kate Bitting Reynolds Memorial Hospital	Winston-Salem, N. C.
St. John's Hospital	Fargo, N. D.
St. Luke's Hospital	Fargo, N. D.
Grand Forks Deaconess Hospital	Grand Forks, N. D.
City Hospital	Akron, Ohio
Peoples Hospital	Akron, Ohio
St. Thomas Hospital	Akron, Ohio
Aultman Hospital	Canton, Ohio
Mercy Hospital	Canton, Ohio
Bethesda Hospital	Cincinnati
Christ Hospital	Cincinnati
Cincinnati General Hospital	Cincinnati
Deaconess Hospital	Cincinnati
Good Samaritan Hospital	Cincinnati
Jewish Hospital	Cincinnati
St. Mary's Hospital	Cincinnati
City Hospital	Cleveland
Fairview Park Hospital	Cleveland
Lutheran Hospital	Cleveland
Mount Sinai Hospital	Cleveland
St. Alexis Hospital	Cleveland
St. John's Hospital	Cleveland
St. Luke's Hospital	Cleveland
St. Vincent Charity Hospital	Cleveland
Grant Hospital	Columbus, Ohio
Mount Carmel Hospital	Columbus, Ohio
University Hospitals	
Ohio State University Hospital	Columbus, Ohio
White Cross Hospital	Columbus, Ohio
Good Samaritan Hospital	Dayton, Ohio
Miami Valley Hospital	Dayton, Ohio
St. Elizabeth Hospital	Dayton, Ohio
Huron Road Hospital	East Cleveland, Ohio
Elyria Memorial Hospital	Elyria, Ohio
Marymount Hospital	Garfield Heights, Ohio
Mercy Hospital	Hamilton, Ohio
Lakewood Hospital	Lakewood, Ohio
Lima Memorial Hospital	Lima, Ohio
St. Rita's Hospital	Lima, Ohio
Mercy Hospital	Springfield, Ohio
Springfield City Hospital	Springfield, Ohio
Flower Hospital	Toledo
Maumee Valley Hospital	Toledo
Mercy Hospital	Toledo
Riverside Hospital	Toledo
St. Vincent's Hospital	Toledo
Toledo Hospital	Toledo
St. Elizabeth Hospital	Youngstown, Ohio
Youngstown Hospital	Youngstown, Ohio
Mercy Hospital	Oklahoma City
St. Anthony's Hospital	Oklahoma City
University Hospitals	Oklahoma City
Wesley Hospital	Oklahoma City
Hillcrest Memorial Hospital	Tulsa, Okla.
St. John's Hospital	Tulsa, Okla.
Sacred Heart General Hospital	Eugene, Ore.
Emanuel Hospital	Portland, Ore.
Good Samaritan Hospital	Portland, Ore.
Portland Sanitarium and Hospital	Portland, Ore.
Providence Hospital	Portland, Ore.
St. Vincent's Hospital	Portland, Ore.
University of Oregon Medical School Hospitals and Clinics	Portland, Ore.
Abington Memorial Hospital	Abington, Pa.
Allentown Hospital	Allentown, Pa.
Sacred Heart Hospital	Allentown, Pa.
Altoona Hospital	Altoona, Pa.
Mercy Hospital	Altoona, Pa.
St. Luke's Hospital	Bethlehem, Pa.
Bryn Mawr Hospital	Bryn Mawr, Pa.
Chester Hospital	Chester, Pa.
George F. Geisinger Memorial Hospital	Danville, Pa.
Fitzgerald Mercy Hospital	Darby, Pa.
Easton Hospital	Easton, Pa.
Hamot Hospital	Erie, Pa.
St. Vincent's Hospital	Erie, Pa.
Westmoreland Hospital	Greensburg, Pa.
Harrisburg Hospital	Harrisburg, Pa.
Harrisburg Polyclinic Hospital	Harrisburg, Pa.
St. Joseph Hospital	Hazleton, Pa.
Conemaugh Valley Memorial Hospital	Johnstown, Pa.
Nesbitt Memorial Hospital	Kingston, Pa.
Lancaster General Hospital	Lancaster, Pa.
St. Joseph's Hospital	Lancaster, Pa.
McKeesport Hospital	McKeesport, Pa.
Montgomery Hospital	Norristown, Pa.
Sacred Heart Hospital	Norristown, Pa.

NONFEDERAL—Continued

Albert Einstein Medical Center	
Northern Division	Philadelphia
Southern Division	Philadelphia
Episcopal Hospital	Philadelphia
Frankford Hospital	Philadelphia
Germantown Dispensary and Hospital	Philadelphia
Graduate Hosp. of the University of Pennsylvania	Philadelphia
Hahnemann Hospital	Philadelphia
Hospital of the University of Pennsylvania	Philadelphia
Hospital of the Woman's Medical College of Pennsylvania	Philadelphia
Jefferson Medical College Hospital	Philadelphia
Lankenau Hospital	Philadelphia
Memorial Hospital	Philadelphia
Mercy-Douglass Hospital	Philadelphia
Methodist Episcopal Hospital	Philadelphia
Misericordia Hospital	Philadelphia
Nazareth Hospital	Philadelphia
Pennsylvania Hospital	Philadelphia
Philadelphia General Hospital	Philadelphia
Presbyterian Hospital	Philadelphia
St. Agnes Hospital	Philadelphia
St. Joseph's Hospital	Philadelphia
St. Luke's and Children's Medical Center	Philadelphia
St. Mary's Hospital	Philadelphia
Temple University Hospital	Philadelphia
Woman's Hospital	Philadelphia
Allegheny General Hospital	Pittsburgh
Mercy Hospital	Pittsburgh
Montefiore Hospital	Pittsburgh
Pittsburgh Hospital	Pittsburgh
Presbyterian Hospital	Pittsburgh
St. Francis Hospital	Pittsburgh
St. John's General Hospital	Pittsburgh
St. Joseph's Hospital and Dispensary	Pittsburgh
St. Margaret Memorial Hospital	Pittsburgh
South Side Hospital	Pittsburgh
Western Pennsylvania Hospital	Pittsburgh
Community General Hospital	Reading, Pa.
Reading Hospital	Reading, Pa.
St. Joseph's Hospital	Reading, Pa.
Robert Packer Hospital	Sayre, Pa.
Scranton State Hospital	Scranton, Pa.
Sewickley Valley Hospital	Sewickley, Pa.
Uniontown Hospital	Uniontown, Pa.
Washington Hospital	Washington, Pa.
Chester County Hospital	West Chester, Pa.
Mercy Hospital	Wilkes-Barre, Pa.
Wilkes-Barre General Hospital	Wilkes-Barre, Pa.
Columbia Hospital	Wilkinsburg, Pa.
Williamsport Hospital	Williamsport, Pa.
York Hospital	York, Pa.
Newport Hospital	Newport, R. I.
Memorial Hospital	Pawtucket, R. I.
Rhode Island Hospital	Providence, R. I.
Roger Williams General Hospital	Providence, R. I.
St. Joseph's Hospital	Providence, R. I.
Roper Hospital	Charleston, S. C.
Columbia Hospital	Columbia, S. C.
McLeod Infirmary	Florence, S. C.
Greenville General Hospital	Greenville, S. C.
Orangeburg Regional Hospital	Orangeburg, S. C.
Spartanburg General Hospital	Spartanburg, S. C.
McKennan Hospital	Sioux Falls, S. D.
Sioux Valley Hospital	Sioux Falls, S. D.
Sacred Heart Hospital	Yankton, S. D.
Baroness Erlanger Hospital	Chattanooga, Tenn.
Holston Valley Community Hospital	Kingsport, Tenn.
East Tennessee Baptist Hospital	Knoxville, Tenn.
Fort Sanders Hospital	Knoxville, Tenn.
Knoxville General Hospital	Knoxville, Tenn.
St. Mary's Memorial Hospital	Knoxville, Tenn.
Baptist Memorial Hospital	Memphis
John Gaston Hospital	Memphis
Methodist Hospital	Memphis
St. Joseph Hospital	Memphis
George W. Hubbard Hospital of Meharry Medical College	Nashville, Tenn.
Mid-State Baptist Hospital	Nashville, Tenn.
Nashville General Hospital	Nashville, Tenn.
St. Thomas Hospital	Nashville, Tenn.
Brackenridge Hospital	Austin, Tex.
Memorial Hospital	Corpus Christi, Tex.
Baylor University Hospital	Dallas, Tex.
Methodist Hospital	Dallas, Tex.
Parkland Hospital	Dallas, Tex.
St. Paul's Hospital	Dallas, Tex.
El Paso General Hospital	El Paso, Tex.
City County Hospital	Fort Worth, Tex.
Harris Hospital	Fort Worth, Tex.
St. Joseph's Hospital	Fort Worth, Tex.
University of Texas Medical Branch Hospitals	Galveston, Tex.
Hermann Hospital	Houston, Tex.
Jefferson Davis Hospital	Houston, Tex.

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NONFEDERAL—Continued

Methodist Hospital	Houston, Tex.
St. Joseph's Infirmary	Houston, Tex.
Baptist Memorial Hospital	San Antonio, Tex.
Robert B. Green Memorial Hospital	San Antonio, Tex.
Santa Rosa Hospital	San Antonio, Tex.
Kings Daughters Hospital	Temple, Tex.
Scott and White Memorial Hospital	Temple, Tex.
Providence Hospital	Waco, Tex.
Wichita Falls Clinic Hospital	Wichita Falls, Tex.
St. Benedict's Hospital	Ogden, Utah
Thomas D. Dee Memorial Hospital	Ogden, Utah
Dr. W. H. Groves Latter-Day Saints Hospital	Salt Lake City
Holy Cross Hospital	Salt Lake City
St. Mark's Hospital	Salt Lake City
Salt Lake County General Hospital	Salt Lake City
Bishop de Goesbriand Hospital	Burlington, Vt.
Mary Fletcher Hospital	Burlington, Vt.
Johnston Memorial Hospital	Abingdon, Va.
Alexandria Hospital	Alexandria, Va.
Memorial Hospital	Danville, Va.
University of Virginia Hospital	Charlottesville, Va.
Mary Immaculate Hospital	Newport News, Va.
Riverside Hospital	Newport News, Va.
De Paul Hospital	Norfolk, Va.
Norfolk General Hospital	Norfolk, Va.
Johnston Willis Hospital	Richmond, Va.
Medical College of Virginia—Hospital Division (Memorial, Dooley and St. Philip Hospitals)	Richmond, Va.
Stuart Circle Hospital	Richmond, Va.
Jefferson Hospital	Roanoke, Va.
Lewis Gale Hospital	Roanoke, Va.
Memorial and Crippled Childrens Hospital	Roanoke, Va.
Winchester Memorial Hospital	Winchester, Va.
Kadlec Hospital	Richland, Wash.
Columbus Hospital	Seattle, Wash.
Doctors Hospital	Seattle, Wash.
King County Hospital Unit No. 1 (Harborview)	Seattle, Wash.
Providence Hospital	Seattle, Wash.
Seattle General Hospital	Seattle, Wash.
Swedish Hospital	Seattle, Wash.
Virginia Mason Hospital	Seattle, Wash.
Deaconess Hospital	Spokane, Wash.
Sacred Heart Hospital	Spokane, Wash.
St. Luke's Hospital	Spokane, Wash.
Pierce County Hospital	Tacoma, Wash.
St. Joseph's Hospital	Tacoma, Wash.
Tacoma General Hospital	Tacoma, Wash.
Bluefield Sanitarium	Bluefield, W. Va.
Charleston General Hospital	Charleston, W. Va.
Kanawha Valley Hospital	Charleston, W. Va.
Memorial Hospital	Charleston, W. Va.
St. Mary's Hospital	Huntington, W. Va.
Camden Clark Memorial Hospital	Parkersburg, W. Va.
St. Joseph's Hospital	Parkersburg, W. Va.
Ohio Valley General Hospital	Wheeling, W. Va.
Wheeling Hospital	Wheeling, W. Va.
Luther Hospital	Eau Claire, Wis.
St. Agnes Hospital	Fond du Lac, Wis.
Mercy Hospital	Janesville, Wis.
La Crosse Lutheran Hospital	La Crosse, Wis.
St. Francis Hospital	La Crosse, Wis.
Madison General Hospital	Madison, Wis.
Methodist Hospital	Madison, Wis.
St. Mary's Hospital	Madison, Wis.
University Hospitals State of Wisconsin General Hospital	Madison, Wis.
St. Joseph's Hospital	Marshfield, Wis.
Columbia Hospital	Milwaukee
Evangelical Deaconess Hospital	Milwaukee
Milwaukee County Hospital	Milwaukee
Milwaukee Hospital	Milwaukee
Misericordia Hospital	Milwaukee
Mount Sinai Hospital	Milwaukee
St. Joseph Hospital	Milwaukee
St. Luke's Hospital	Milwaukee
St. Mary's Hospital	Milwaukee
St. Michael Hospital	Milwaukee
Mercy Hospital	Oshkosh, Wis.
St. Mary's Hospital	Racine, Wis.
St. Mary's Hospital	Wausau, Wis.
Queen's Hospital	Honolulu, T. H.
St. Francis Hospital	Honolulu, T. H.
Fajardo District Hospital	Fajardo, P. R.
Clinica Quirurgica Dr. Pila	Ponce, P. R.
Presbyterian Hospital	San Juan, P. R.
San Juan City Hospital	San Juan, P. R.

MIXED

Number of Approved Programs, 17

St. Vincent's Hospital, Los Angeles; Medical, Surgical, Obstetrical.
Santa Fe Coast Lines Hospital, Los Angeles; Medical, Surgical, Pediatric.
William Booth Memorial Hospital, Covington, Ky.; Medical, Surgical, Obstetrical.
Hospital for Women, Baltimore, Md.; Medical, Ob.-Gyn.
Suburban Hospital, Bethesda, Md.; Medical, Surgical, Pediatric.
Research Hospital, Kansas City, Mo.; Medical, Surgical, Pediatric.
Methodist Hospital, Brooklyn; Medical, Surgical, Pediatric, Obstetrical.
Roosevelt Hospital, New York City; Medical, Surgical, Gynecological, Pediatric.
Strong Memorial-Rochester Municipal Hospitals, Rochester, N. Y.; Surgical, Ob.-Gyn.
General Hospital, Syracuse, N. Y.; Medical, Surgical, Pediatric.
Glenville Hospital, Cleveland; Medical, Surgical, Obstetrical.
Doctors Hospital, Cleveland Heights, Ohio; Medical, Surgical, Pediatric.
Parkland Hospital, Dallas, Tex.; Medical, Surgical, Pediatric, Obstetrical.
Salt Lake County General Hospital, Salt Lake City; Surgical, Ob.-Gyn.
Lynchburg General Hospital, Lynchburg, Va.; Medcial, Surgical, Pediatric.
Theda Clark Memorial Hospital, Neenah, Wis.; Medical, Surgical, Obstetrical.
St. Luke's Hospital, Milwaukee; Medical, Surgical, Pediatric.

STRAIGHT

Total Number of Approved Programs, 254

INTERNAL MEDICINE

Number of Approved Programs, 89

Veterans Admin. Hospital	Long Beach, Calif.
Veterans Admin. Hospital	Newington, Conn.
Veterans Admin. Hospital	Chamblee, Ga.
Veterans Admin. Hospital	Nashville, Tenn.
Veterans Admin. Hospital	Dallas, Tex.
Veterans Admin. Hospital	McKinney, Texas
Veterans Admin. Hospital	Salt Lake City, Utah
Veterans Admin. Hospital	Richmond, Va.
Veterans Admin. Hospital	Seattle, Wash.
Jefferson-Hillman Hospital	Birmingham, Ala.
University Hospital	Little Rock, Ark.
Stanford University Hospitals	San Francisco
University of California Hospital	San Francisco
Hartford Hospital	Hartford, Conn.
Grace-New Haven Community Hospital New Haven Unit (University Service)	New Haven, Conn.
Georgetown University Hospital	Washington, D. C.
Grady Memorial Hospital	Atlanta
Emory University Hospital	Emory University, Ga.
Michael Reese Hospital	Chicago
Mount Sinai Hospital	Chicago
University of Chicago Clinics	Chicago
Baltimore City Hospital	Baltimore
Church Home and Hospital	Baltimore
Johns Hopkins Hospital	Baltimore
Beth Israel Hospital	Boston
Boston City Hospital	Boston
Carney Hospital	Boston
Massachusetts General Hospital	Boston
Massachusetts Memorial Hospitals	Boston
New England Center Hospital	Boston
Peter Bent Brigham Hospital	Boston
Providence Hospital	Detroit
Hurley Hospital	Flint, Mich.
University of Minnesota Hospitals	Minneapolis
Barnes Hospital	St. Louis
St. Louis City Hospital	St. Louis
St. Mary's Group of Hospitals	St. Louis
Christ Hospital	Jersey City, N. J.
Jersey City Hospital	Jersey City, N. J.
St. Peter's General Hospital	New Brunswick, N. J.
Albany Hospital	Albany, N. Y.
Cumberland Hospital	Brooklyn
Kings County Hospital	Brooklyn
Long Island College Hospital	Brooklyn
Maimonides Hospital	Brooklyn
Methodist Hospital	Brooklyn
Norwegian Lutheran Deaconesses' Home and Hospital	Brooklyn
St. John's Episcopal Hospital	Brooklyn
Buffalo General Hospital	Buffalo, N. Y.
Mary Imogene Bassett Hospital	Cooperstown, N. Y.
Mary Immaculate Hospital	Jamaica, N. Y.
Charles S. Wilson Memorial Hospital	Johnson City, N. Y.
Bellevue Hospital Center	
Div. I—Columbia University	New York City
Div. II—Cornell University	New York City
Div. III—New York University College of Medicine	New York City
Div. IV—New York University Postgraduate Medical School	New York City
Bronx Hospital	New York City
Flower and Fifth Avenue Hospitals	New York City
New York Hospital	New York City
Presbyterian Hospital	New York City
St. Vincent's Hospital	New York City
New York University-Bellevue Medical Center University Hospital	New York City
Genesee Hospital	Rochester, N. Y.
Strong Memorial-Rochester Municipal Hospitals	Rochester, N. Y.
State University of New York Medical Center	Syracuse, N. Y.
North Carolina Memorial Hospital	Chapel Hill, N. C.
Duke Hospital	Durham, N. C.
Watts Hospital	Durham, N. C.
North Carolina Baptist Hospital *	Winston-Salem, N. C.
University Hospitals	Cleveland
Baptist Memorial Hospital	Memphis
Vanderbilt University Hospital	Nashville, Tenn.
Baylor University Hospital	Dallas, Texas
Salt Lake County General Hospital	Salt Lake City
University of Virginia Hospital	Charlottesville, Va.
Chesapeake and Ohio Hospital	Clifton Forge, Va.
Medical College of Virginia—Hospital Division (Memorial, Dooley and St. Philip Hospitals)	Richmond, Va.
Jefferson Hospital	Roanoke, Va.
Lewis Gale Hospital	Roanoke, Va.
Kings County Hospital, Unit No. 1 (Harborview)	Seattle, Wash.

OBSTETRICS—GYNECOLOGY

Number of Approved Programs, 31

University Hospital	Little Rock, Ark.
Stanford University Hospitals	San Francisco
University of California Hospital	San Francisco
Ravenswood Hospital	Chicago
Johns Hopkins Hospital	Baltimore
Beth Israel Hospital	Boston
Boston City Hospitals	Boston
University of Minnesota Hospitals	Minneapolis
Barnes Hospital	St. Louis
St. Louis City Hospital	St. Louis

* Second year.

OBSTETRICS GYNECOLOGY—Continued

Holy Name Hospital	Teaneck, N. J.
Cumberland Hospital	Brooklyn
Kings County Hospital, Unit No. 1 (Harborview)	Brooklyn
Long Island College Hospital	Brooklyn
Maimonides Hospital	Brooklyn
Methodist Hospital	Brooklyn
Norwegian Lutheran Deaconesses' Home and Hosp.	Brooklyn
Allied Hospital of Sisters of Charity	Buffalo
Mary Immaculate Hospital	Jamaica, N. Y.
Charles S. Wilson Memorial Hospital	Johnson City, N. Y.
Bellevue Hospital Center	
Div. III—New York University College of Medicine	New York City
New York Hospital	New York City
Genesee Hospital	Rochester, N. Y.
†Watts Hospital	Durham, N. C.
North Carolina Baptist Hospital	Winston-Salem, N. C.
*Mount Sinai Hospital	Cleveland
University Hospital	Cleveland
Mid State Baptist Hospital	Nashville, Tenn.
Vanderbilt University Hospital	Nashville, Tenn.
St. Luke's Hospital	Milwaukee

PATHOLOGY

Number of Approved Programs, 32

Veterans Admin. Hospital	Newington, Conn.
University of California Hospital	San Francisco
Grace-New Haven Community Hospital	
New Haven Unit (University Service)	New Haven, Conn.
Emory University Hospital	Emory University, Ga.
Michael Reese Hospital	Chicago
Baltimore City Hospital	Baltimore
Johns Hopkins Hospital	Baltimore
Beth Israel Hospital	Boston
Boston City Hospital	Boston
Children's Medical Center	Boston
Massachusetts Memorial Hospital	Boston
Peter Bent Brigham Hospital	Boston
Holyoke Hospital	Holyoke, Mass.
Providence Hospital	Detroit
Barnes Hospital	St. Louis
Jersey City Hospital	Jersey City, N. J.
Kings County Hospital	Brooklyn
Methodist Hospital	Brooklyn
Queens General Hospital	Jamaica, N. Y.
Bellevue Hospital Center	
Div. III—New York University College of Medicine	New York City
New York City Hospital	New York City
New York Hospital	New York City
Presbyterian Hospital	New York City
St. Luke's Hospital	New York City
Genesee Hospital	Rochester, N. Y.
Strong Memorial-Rochester Municipal Hospitals	Rochester, N. Y.
Duke Hospital	Durham, N. C.
North Carolina Baptist Hospital	Winston-Salem, N. C.
St. John's Hospital	Tulsa, Okla.
Good Samaritan Hospital	Portland, Ore.
Vanderbilt University Hospital	Nashville, Tenn.
Parkland Hospital	Dallas, Tex.

PEDIATRICS

Number of Approved Programs, 43

Jefferson-Hillman Hospital	Birmingham, Ala.
University Hospital	Little Rock, Ark.
Children's Hospital	Los Angeles
Stanford University Hospitals	San Francisco
University of California Hospital	San Francisco
Grace-New Haven Community Hospital	
New Haven Unit (University Service)	New Haven, Conn.
Grady Memorial Hospital	Atlanta
Cook County Hospital	Chicago
Mount Sinai Hospital	Chicago
Research and Educational Hospitals	Chicago
University of Chicago Clinics	Chicago
Baltimore City Hospitals	Baltimore
Johns Hopkins Hospital	Baltimore
Sinai Hospital	Baltimore
Boston City Hospital	Boston
Children's Medical Center	Boston
Massachusetts General Hospital	Boston
Providence Hospital	Detroit
Northwestern Hospital	Minneapolis
University of Minnesota Hospitals	Minneapolis
St. Louis Children's Hospital	St. Louis
St. Louis City Hospital	St. Louis
Jersey City Hospital	Jersey City, N. J.
Cumberland Hospital	Brooklyn
Kings County Hospital	Brooklyn
Long Island College Hospital	Brooklyn
Maimonides Hospital	Brooklyn
Methodist Hospital	Brooklyn
Norwegian Lutheran Deaconesses' Home and Hosp.	Brooklyn
St. John's Episcopal Hospital	Brooklyn
Mary Immaculate Hospital	Jamaica, N. Y.
Charles S. Wilson Memorial Hospital	Johnson City, N. Y.
Bellevue Hospital Center	
Div. III—New York University College of Medicine	New York City
New York Hospital	New York City

† Obstetrics only.
* Second year.

PEDIATRICS—Continued

Genesee Hospital	Rochester, N. Y.
Strong Memorial-Rochester Municipal Hospitals	Rochester, N. Y.
North Carolina Memorial Hospital	Chapel Hill, N. C.
Duke Hospital	Durham, N. C.
North Carolina Baptist Hospital	Winston-Salem, N. C.
University Hospitals	Cleveland
Vanderbilt University Hospital	Nashville, Tenn.
Salt Lake County General Hospital	Salt Lake City
Milwaukee Children's Hospital	Milwaukee, Wis.

SURGERY

Number of Approved Programs, 71

Veterans Admin. Hospital	Newington, Conn.
Veterans Admin. Hospital	Nashville, Tenn.
Veterans Admin. Hospital	McKinney, Tex.
Veterans Admin. Hospital	Salt Lake City, Utah
Veterans Admin. Hospital	Richmond, Va.
Jefferson-Hillman Hospital	Birmingham, Ala.
Stanford University Hospitals	San Francisco
University of California Hospitals	San Francisco
Hartford Hospital	Hartford, Conn.
Grace-New Haven Community Hospital	
New Haven Unit (University Service)	New Haven, Conn.
Grady Memorial Hospital	Atlanta
Emory University Hospital	Emory University, Ga.
Michael Reese Hospital	Chicago
Mount Sinai Hospital	Chicago
St. Bernard's Hospital	Chicago
University of Chicago Clinics	Chicago
Indiana University Medical Center	Indianapolis
Johns Hopkins Hospital	Baltimore
Beth Israel Hospital	Boston
Boston City Hospital	Boston
Massachusetts General Hospital	Boston
Massachusetts Memorial Hospital	Boston
New England Center Hospital	Boston
Peter Bent Brigham Hospital	Boston
University of Minnesota Hospitals	Minneapolis
Barnes Hospital	St. Louis
St. Louis City Hospital	St. Louis
St. Mary's Group of Hospitals	St. Louis
Christ Hospital	Jersey City, N. J.
Jersey City Hospital	Jersey City, N. J.
Holy Name Hospital	Teaneck, N. J.
Albany Hospital	Albany, N. Y.
Cumberland Hospital	Brooklyn
Kings County Hospital	Brooklyn
Long Island College Hospital	Brooklyn
Methodist Hospital	Brooklyn
Norwegian Lutheran Deaconesses' Home and Hosp.	Brooklyn
St. John's Episcopal Hospital	Brooklyn
Buffalo General Hospital	Buffalo, N. Y.
Mary Imogene Bassett Hospital	Cooperstown, N. Y.
Mary Immaculate Hospital	Jamaica, N. Y.
Queens General Hospital	Jamaica, N. Y.
Charles S. Wilson Memorial Hospital	Johnson City, N. Y.
Mount Vernon Hospital	Mount Vernon, N. Y.
Bellevue Hospital Center	
Div. I—Columbia University	New York City
Div. II—Cornell University	New York City
Div. III—New York University College of Medicine	New York City
Div. IV—New York University Postgraduate Medical School	New York City
Hospital for Joint Diseases	New York City
New York Hospital	New York City
Presbyterian Hospital	New York City
St. Vincent's Hospital	New York City
Genesee Hospital	Rochester, N. Y.
Highland Hospital	Rochester, N. Y.
North Carolina Memorial Hospital	Chapel Hill, N. C.
Duke Hospital	Durham, N. C.
Watts Hospital	Durham, N. C.
North Carolina Baptist Hospital	Winston-Salem, N. C.
St. Alexis Hospital	Cleveland
University Hospitals	Cleveland
Baptist Memorial Hospital	Memphis
Mid State Baptist Hospital	Nashville, Tenn.
Vanderbilt University Hospital	Nashville, Tenn.
Baylor University Hospital	Dallas, Tex.
Salt Lake County General Hospital	Salt Lake City
University of Virginia Hospital	Charlottesville, Va.
Chesapeake and Ohio Hospital	Clifton Forge, Va.
Medical College of Virginia—Hospital Division (Memorial, Dooley and St. Philip Hospitals)	Richmond, Va.
Stuart Circle Hospital	Richmond, Va.
Lewis Gale Hospital	Roanoke, Va.
St. Luke's Hospital	Milwaukee

UNCLASSIFIED

Number of Approved Programs, 9

Norton Memorial Infirmary, Louisville, Ky.: Medical, Surgical, Obstetrical, Psychiatric.
Hospital for Women, Baltimore: Medical, Ob.-Gyn.
Faulkner Hospital, Boston: Medical, Surgical.
Kings County Hospital, Brooklyn, N. Y.: Medical, Surgical.
Long Island College Hospital, Brooklyn: Medical, Surgical.
Mary Imogene Bassett Hospital, Cooperstown, N. Y.: Medical, Surgical.
Bellevue Hospital Center
Division I—Cornell University, New York City: Medical, Surgical, Pathological.
Division III—New York University College of Medicine, New York City: Medical, Surgical.
Montefiore Hospital, New York City: Medical, Surgical, Neurological, Pulmonary, Neoplastic.

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APPROVED RESIDENCIES AND FELLOWSHIPS

Council on Medical Education and Hospitals of the American Medical Association

535 North Dearborn Street, Chicago 10

Revised to September 1, 1952

Hospitals, 1,161; Assistant Residencies, Residencies and Fellowships, 20,971

The following services are approved by the Council on Medical Education and Hospitals as meeting the requirements of the Essentials of Approved Residencies and Fellowships. In those specialties in which certifying boards have been established approval is extended in concurrence with the Board concerned. The number of years of training for which approval has been granted is indicated in the column, "Length of Approved Program (years)." Residencies in which this designation does not appear have been approved without specifying the number of years for which they are accredited. The beginning stipends for Federal hospitals have not been listed; they are established in accordance with government pay tables.

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1. ALLERGY

The following services have been approved by the Council and the Subspecialty Board for Allergy of the American Board of Internal Medicine.

Hospitals, 15; Assistant Residencies and Residencies, 27

FEDERAL

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
UNITED STATES ARMY							
Army Medical Center [12]	Washington, D.C.	.....	...	.....	..	..	...
VETERANS ADMINISTRATION							
Veterans Admin. Hospital [1-3]	Long Beach, Calif.	B. Klaunmann	672	5,100	..	½	...
Veterans Admin. Hospital [1]	Aspinwall, Pa.	L. B. Criep	220	19,430	..	½	...
NONFEDERAL							
Northwestern University Medical Center	Chicago	S. M. Feinberg	...	5,118	2	2	250
Massachusetts General Hospital	Boston	W. S. Burraze	...	7,103	..	..	66.67
University Hospital [1]	Ann Arbor, Mich.	C. C. Sturgis	...	9,230	3	5	163.33
Jewish Hospital [1-3]	Brooklyn	M. Walzer	15	9,.97	1	1	50
New York Hospital [1-3]	New York City	H. Baldwin	...	9,443	1	½	25
New York University-Bellevue Medical Center University Hospital [1-3]	New York City	W. C. Spain	56	9,915	1	1	250
Roosevelt Hospital [1-3]	New York City	R. A. Cooke	203	37,.99	..	4	200
Duke Hospital [1-3]	Durham, N.C.	O. C. Hansen-Pruss	247	958	2	2	250
Montefiore Hospital [1-3]	Pittsburgh	L. H. Criep	...	12,281	½	½	50
University of Virginia Hospital [1-3]	Charlottesville, Va.	O. Swineford	...	961	..	½ ½	75
Medical College of Virginia—Hosp. Division [1-3]	Richmond, Va.	W. B. Blanton	...	5,912	..	1	50
Milwaukee County Hospital [1]	Milwaukee, Wis.	.....	201	2,024	..	1	100 [6]

2. ANESTHESIOLOGY

The following services are approved by the Council and the American Board of Anesthesiology. This approval is considered effective through July 1, 1953 unless previously terminated. After July 1, 1953 approval will be continued only in those hospitals offering a satisfactory program of at least two years in duration. Prior to that date, all services presently approved will be reviewed in collaboration with the American Board of Anesthesiology to determine whether or not they meet requirements for full, two year approval.

Hospitals, 205; Assistant Residencies and Residencies, 813

FEDERAL

Name of Hospital	Location	Chief of Service	Total Anesthetics	Inhalation Anesthetics	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
UNITED STATES ARMY								
Letterman Army Hospital	San Francisco	R. R. Jones	7,214	3,607	..	..	½ ½	...
Fitzsimons Army Hospital	Denver	J. F. Kellogg	10,708	3,.55	..	..	½ ½	...
Army Medical Center [12]	Washington, D. C.	C. H. Mitchell	7,869	3,759	½	4	½ ½	...
Brooke Army Medical Center [4,101]	San Antonio, Texas	J. G. Inman	16,569	6,419	..	..	½ ½	...
UNITED STATES NAVY								
U. S. Naval Hospital [1]	Oakland, Calif.	S. Whitehouse F. M. Thornburg	12,384	1,797	..	..	½	...
U. S. Naval Hospital [1-3]	Bethesda, Md.	D. J. Giorgio F. Grabill	3,861	2,736	..	½ ½	½ ½	...
U. S. Naval Hospital [1]	Chelsea, Mass.	J. J. Conner	2,424	525	1	½ ½	½ ½	...
U. S. Naval Hospital [1]	St. Albans, N. Y.	W. R. Holland	2,688	708	..	..	½ ½	...
U. S. Naval Hospital	Philadelphia	J. G. Kurfees R. Dripps	5,623	375	..	..	½	...

Numerical and other references will be found on page 363.

2. ANESTHESIOLOGY—Continued

Name of Hospital	Chief of Service	Location	Total Anesthetics	Inhalation Anesthetics	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
UNITED STATES PUBLIC HEALTH SERVICE								
U. S. Public Health Service Hospital [1-3]	Staten Island, N. Y.	C. L. Hebert	7,208	1,666	1	3	2	...
VETERANS ADMINISTRATION								
Veterans Admin. Hospital [1-3]	Los Angeles	N. Rupp	5,941	1,572	5	9	2	...
Veterans Admin. Hospital [1]	San Francisco	J. F. Riordan	2,815	750	3	4	2	...
Veterans Admin. Hospital [1-3]	Denver	F. Brown	672	291	2	4	2	...
Veterans Admin. Hospital [1-3]	Washington, D. C.	L. M. Jones	1,994	353	2	2	2	...
Veterans Admin. Hospital [1]	Chamblee, Ga.	K. Byers	2,124	404	2	3	2	...
Veterans Admin. Hospital [1]	Hines, Ill.	M. S. Sadove	5,706	2,913	9	9	2	...
Veterans Admin. Hospital [1]	Des Moines, Ia.	J. Bailey	3,470	614	..	2	2	...
			(See University Hospitals, Iowa City, Ia.)					
Veterans Admin. Hospital	Iowa City, Ia.	W. K. Hamilton	1,500	1,000	4	4	..	...
			(See University Hospitals, Iowa City, Ia.)					
Veterans Admin. Hospital [1-3]	Wadsworth, Kans.	R. S. McKee	2,802	450	1	2	2	...
Veterans Admin. Hospital [1-3]	Framingham, Mass.	D. H. Harwood	4,162	739	..	2	2	...
Veterans Admin. Hospital [1]	Jefferson Barracks, Mo.	H. Crouch	3,080	697	1	2	1	...
Veterans Admin. Hospital [1]	Lincoln, Neb.	F. Cole	1,185	224	1	1	1	...
Veterans Admin. Hospital [1-3]	Brooklyn		3,897	1,116	2	5	2	...
Veterans Admin. Hospital [1-3]	Buffalo	S. I. Guest	2,449	770	..	4	2	...
Veterans Admin. Hospital [1-3]	New York City	E. A. Rovenstine	6,095	1,980	4	9	2	...
Veterans Admin. Hospital [1-3]	Portland, Ore.	F. P. Haugen	2,237	655	1	2	2	...
Veterans Admin. Hospital [1-3]	Houston, Texas	G. E. Bittenbender	1,957	304	2	2	1	...
Veterans Admin. Hospital [1-3]	McKinney, Texas	F. A. D. Alexander	1,434	502	1	2	2	...
Veterans Admin. Hospital [1]	White River Junction, Vt.	R. E. Lapointe	1,595	74	1	2	2	...
Veterans Admin. Hospital [1]	Richmond, Va.	C. G. Lynch	3,609	1,190	1	4	2	...
Veterans Admin. Hospital [1-3]	Milwaukee, Wis.	R. Foregeyer						
		R. A. Tella	2,322	1,224	5	5	2	...
NONFEDERAL								
Jefferson-Hillman Hospital [1-3]	Birmingham, Ala.	A. McNeal	9,570	8,504	1	3	2	50
Lloyd Noland Hospital [1-3]	Fairfield, Ala.	A. Habeeb	3,542	2,308	1	2	2	225
University Hospital	Little Rock, Ark.	E. L. Rushia	..	..	1	1	2	120
Los Angeles County Hospital [1-3]	Los Angeles	C. F. McCuskey	14,083	3,978	7	14	2	173
White Memorial Hospital [1-3]	Los Angeles	F. E. Leffingwell	4,198	871	3	6	2	132
Samuel Merritt Hospital [1]	Oakland, Calif.	B. M. Anderson	6,968	3,744	..	2	2	100
Franklin Hospital [1-3]	San Francisco	J. L. Cardwell	5,142	3,677	4	4	2	200
French Hospital [1-3]	San Francisco	M. Skaggs	3,243	1,778	1	1	2	150
St. Joseph's Hospital [1-3]	San Francisco	C. Wyont	4,252	1,366	1	2	2	150
Stanford University Hospitals [1-3]	San Francisco	R. W. Churchill	6,321	3,705	2	4	2	50
University of California Hospital [1-3]	San Francisco	F. J. Murphy	5,651	4,461	..	6	2	78.75
University of Colorado Medical Center Colorado General Hospital [1-3]	Denver	R. W. Virtue	3,208	1,598	2	3	2	150
Denver General Hospital [1-3,28]	Denver	R. W. Virtue	2,078	1,200	2	3	2	157
Bridgeport Hospital [1-3]	Bridgeport, Conn.	D. M. Massey	6,167	...	1	1	2	125
Hartford Hospital [1-3,28,59]	Hartford, Conn.	R. M. Tovell	33,640	5,022	10	20	2	160
St. Francis Hospital [1-3]	Hartford, Conn.	S. J. Martin	13,115	5,242	5	10	2	75
Grace-New Haven Community Hospital New Haven Unit (University Service) [1-3]	New Haven, Conn.	L. J. Hampton	6,469	3,523	3	6	2	40
Hospital of St. Raphael [1-3]	New Haven, Conn.	M. Garofalo	9,048	5,935	2	4	2	75
Doctors Hospital [1-3]	Washington, D. C.	C. W. Hyde	8,878	6,447	1	2	2	200
Gallinger Municipal Hospital [1-3]	Washington, D. C.	C. Conkley	3,995	3,117	3	5	2	100
Garfield Memorial Hospital [1-3]	Washington, D. C.	W. Bazeant	4,665	3,696	1	2	2	160
Georgetown University Hospital [1-3]	Washington, D. C.		6,734	5,65	4	8	2	25
George Washington University Hospital [1-3]	Washington, D. C.	C. S. Conkley	9,030	3,387	..	6	2	130
Riverside Hospital [1-3]	Jacksonville, Fla.	J. T. Stage	694	405	1	1	2	150
Mount Sinai Hospital	Miami Beach, Fla.		..	..	..	..	..	...
University Hospital [1-3]	Augusta, Ga.	P. P. Volpitto	6,993	2,035	3	5	2	...
Emory University Hospital [1-3]	Emory University, Ga.	W. H. Galvin	8,130	7,197	..	1	1	50
American Hospital [1-3]	Chicago	A. Rappaport	2,456	1,686	5	10	2	50
Cook County Hospital [1-3]	Chicago	H. E. Kretchmer	14,982	10,367	2	2	2	50
Grant Hospital [1-3]	Chicago	L. Gittelson	..	..	1	1	2	150
Michael Reese Hospital [1-3]	Chicago	B. Stodsky	9,308	5,606	3	6	2	50
Mount Sinai Hospital [1-3]	Chicago	R. Weyl	5,863	4,544	1	2	2	50
Northwestern University Medical Center Wesley Memorial Hospital [1-3,47]	Chicago	M. Karp	9,973	8,864	2	6	2	50
Presbyterian Hospital [1-3]	Chicago		8,866	2,165	2	4	2	50
Research and Educational Hospitals [1-3]	Chicago	M. Sadove	2,617	2,262	3	9	2	60
St. Luke's Hospital [1-3]	Chicago		6,255	..	3	9	2	50
University of Chicago Clinics [1-3]	Chicago		8,407	6,243	3	7	2	...
Evanston Hospital [1-3]	Evanston, Ill.	J. E. Remlinger	5,771	2,372	2	4	2	200
St. Joseph Hospital [1]	Joliet, Ill.	L. D. Ruttle	6,124	4,593	..	..	2	...
Indianapolis General Hospital [1]	Indianapolis	L. Mueller	13,726	2,934	2	3	2	125
Indiana University Medical Center [1,52]	Indianapolis	V. K. Stoelting	6,562	2,752	3	7	2	150
Methodist Hospital [1-3]	Indianapolis	H. T. Moore	17,036	14,755	2	2	1	200
Memorial Hospital [1]	South Bend, Ind.	G. M. Rosenheimer	6,329	5,404	2	3	2	250
University Hospitals [1-3]	Iowa City	S. C. Cullen	15,700	9,906	5	10	2	50
University of Kansas Medical Center [1-3]	Kansas City, Kan.	P. Lorhan	6,641	4,796	3	6	2	125
St. Joseph Hospital [1-3]	Lexington, Ky.	W. F. Sergent	6,417	2,180	1	2	2	...
Louisville General Hospital [1-3,57]	Louisville, Ky.	R. P. Bergner	8,063	5,327	2	4	2	85
Charity Hospital of Louisiana [1-3]	New Orleans	J. Adriani	23,500	12,000	5	10	2	25
Ochsner Foundation Hospital [1-3]	New Orleans	G. B. Grant	3,020	1,499	2	4	2	200
Touro Infirmary [1-3]	New Orleans	M. Beck	8,219	4,442	1	1	2	35
Eastern Maine General Hospital [1-3]	Bangor, Maine	C. S. Dwyer	5,627	4,720	1	2	2	100
Central Maine General Hospital [1]	Lewiston, Maine	G. Clapperton	3,721	1,891	1	1	2	150
Maine General Hospital [1-3]	Portland, Maine	J. R. Lincoln	5,565	2,519	4	4	2	100
Boston City Hospital [1-3]	Boston	F. C. Wiggin	38,407	8,980	..	12	2	162
Lahey Clinic [1-3]	Boston	U. H. Eversole	15,461	5,960	8	17	2	150
Massachusetts General Hospital [1-3]	Boston	H. K. Beecher	19,052	9,474	3	13	2	66.67
Massachusetts Memorial Hospitals [1-3]	Boston	J. G. Arrowood	3,694	2,591	2	5	2	75
New England Center Hospital [1-3]	Boston	B. E. Etsten	2,725	1,722	..	2	2	83.33
New England Hospital [1-3]	Boston	E. E. Bartlett	3,294	2,397	2	2	2	50
Peter Bent Brigham Hospital [1-3]	Boston	W. S. Derrick	3,211	2,200	..	2	2	...
St. Elizabeth's Hospital [1-3]	Boston	L. Zentgraf	7,610	3,309	1	2	2	125
Cambridge City Hospital [1-3]	Cambridge, Mass.	D. R. Branch	2,841	1,221	1	2	2	125
Mount Auburn Hospital [1-3]	Cambridge, Mass.	J. H. Buskirk	4,514	2,197	1	3	2	100
Newton-Wellesley Hospital [1-3]	Newton Lower Falls, Mass.	R. S. Hunt	5,662	3,076	1	2	2	125

Abbreviations and other references will be found on page 363.

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2. ANESTHESIOLOGY—Continued

Name of Hospital	Location	Chief of Service	Total Anesthetics	Inhalation Anesthetics	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
Springfield Hospital [1-3]	Springfield, Mass.	H. L. Strachan, Jr.	5,711	1,802	1	1	1	50
Memorial Hospital [1-3]	Worcester, Mass.	C. Hinds, Jr.	7,858	2,799	1	1	2	150
St. Vincent Hospital [3]	Worcester, Mass.	W. J. Martin, Jr.	5,442	2,633	2	4	2	125
City of Detroit Receiving Hospital [1-3,51]	Detroit	F. E. Greifenstein	6,009	1,754	2	10	2	233.25
Henry Ford Hospital	Detroit	...	...	...	...	...	...	...
Providence Hospital [1]	Detroit	N. M. Bittrich	6,095	1,754	2	2	2	225
Butterworth Hospital [1-3]	Grand Rapids, Mich.	M. L. Byrd	8,874	8,032	1	2	2	125
University of Minnesota Hospitals [1-3,47,48]	Minneapolis	R. T. Knight	6,575	3,328	24	24	2	142.50
Mayo Foundation [1-3]	Rochester, Minn.	...	...	...	5	15	2	150
Kansas City General Hospital No. 1	Kansas City, Mo.	M. H. Noltensmeyer	4,189	2,294	2	2	1	75
Research Hospital [1-3]	Kansas City, Mo.	M. C. Peterson	9,182	1,625	1	2	2	150
Barnes Hospital	St. Louis	D. Eastwood	13,725	...	..	..	2	25
St. John's Hospital [3]	St. Louis	S. Brown	6,472	1,775	2	2	2	200
St. Mary's Group of Hospitals [1-3]	St. Louis	J. McNearney	8,596	4,202	1	2	2	65
University of Nebraska Hospital [1-3]	Omaha, Neb.	H. H. Davis	2,035	800	1	2	2	175
Mary Hitchcock Memorial Hospital [1-3]	Hanover, N. H.	R. H. Barrett	3,985	1,428	2	4	2	171
West Jersey Hospital [1-3]	Camden, N. J.	E. K. Hultzman	4,239	...	1	3	2	200
Jersey City Medical Center	Jersey City, N. J.	...	...	...	...	...	2	...
Orange Memorial Hospital [1-3]	Orange, N. J.	M. G. Kilborn	4,885	2,254	1	1	1	100
St. Joseph Hospital [1-3]	Paterson, N. J.	H. G. Walker	5,686	4,005	1	2	2	125
Albany Hospital [1-3]	Albany, N. Y.	...	6,704	3,940	4	8	2	110
Beth-El Hospital [1-3]	Brooklyn	A. C. Goldfeder	6,348	1,932	1	2	2	100
Cumberland Hospital [1-3]	Brooklyn	I. M. Pallin	1,810	999	1	2	1	90
Jewish Hospital [1-3]	Brooklyn	I. Pallin	6,302	3,739	3	6	2	100
Maimonides Hospital [1-3]	Brooklyn	L. Holzmann	6,855	4,363	3	3	1	75
Methodist Hospital [1-3]	Brooklyn	R. Waelsch	4,034	3,033	1	1	1	75
St. Catherine's Hospital [1-3]	Brooklyn	F. P. Ansbro	3,542	1,019	1	2	2	100
Unity Hospital [1-3]	Brooklyn	H. A. Greene	5,345	2,378	1	1	1	100
Buffalo General Hospital [1-3]	Buffalo	R. N. Terry	11,814	5,712	..	1	2	125
Edward J. Meyer Memorial Hospital [1-3]	Buffalo	P. W. Scarles	3,130	1,582	2	5	2	170
Millard Fillmore Hospital [1-3]	Buffalo	E. D. Babbage	10,992	1,378	1	1	2	150
Flushing Hospital and Dispensary [1-3]	Flushing, N. Y.	E. Apozt	8,402	7,336	1	2	2	125
Mary Immaculate Hospital [1-3]	Jamaica, N. Y.	G. Frank	4,155	...	1	2	2	100
Queens General Hospital [1-3]	Jamaica, N. Y.	M. L. Miller	4,090	1,802	2	3	1	90
Bellevue Hospital Center Division IV—N. Y. University Post-Graduate Medical School [1-3,75]	New York City	E. A. Rovenstine	12,682	9,300	7	14	2	...
Beth Israel Hospital [1-3]	New York City	S. G. Hershey	4,467	2,858	3	4	2	60
Flower and Fifth Avenue Hospitals [1-3]	New York City	D. E. Brace	8,638	4,113	1	2	2	...
Goldwater Memorial Hospital [1-3]	New York City	E. A. Rovenstine	767	353	..	2	2	185
Hospital for Joint Diseases [1-3]	New York City	A. M. Betcher	3,031	2,264	2	3	2	60
Hospital for Special Surgery [1-3]	New York City	M. Burstein	2,049	1,481	1	1	2	100
Lenox Hill Hospital [1-3]	New York City	M. Frick	8,403	6,435	2	2	2	50
Memorial Center for Cancer and Allied Diseases [1-3]	New York City	O. Schweizer	6,221	2,402	..	4	1	200
Metropolitan Hospital	New York City	...	...	...	...	...	2	...
Montefiore Hospital [1-3]	New York City	E. R. Kepes	2,752	1,376	1	2	2	60
New York City Hospital [1-3]	New York City	D. Bizzarri	2,200	1,600	3	3	1	300
New York Hospital [1-3]	New York City	J. Artusio	8,970	5,012	3	6	2	25
New York Poly-clinic Medical School and Hospital [1-3]	New York City	S. Resnick	5,912	3,942	3	6	2	100
New York University-Bellevue Medical Center University Hospital [1-3]	(See also Bellevue Hospital Center, Division IV) New York City	E. A. Rovenstine	6,234	3,594	3	6	2	80
Presbyterian Hospital [1-3,75]	New York City	E. M. Papper	19,171	7,851	12	26	2	208.33
St. Clare's Hospital [1-3]	New York City	A. Rose	3,439	1,859	1	2	2	50
St. Luke's Hospital [1-3]	New York City	G. E. Burford	4,467	1,140	2	4	2	60
St. Vincent's Hospital [1-3]	New York City	V. J. Collins	5,289	2,965	3	5	2	100
Sydenham Hospital [1-3]	New York City	M. Fischman	2,901	1,055	1	1	1	140
Genesee Hospital [1-3]	Rochester, N. Y.	K. S. Smith	4,360	1,692	1	1	1	70
Highland Hospital	Rochester, N. Y.	...	...	...	...	1	...	...
Rochester General Hospital [1-3]	Rochester, N. Y.	V. J. Coviello	5,983	4,874	2	4	2	100
St. Mary's Hospital [1-3]	Rochester, N. Y.	...	8,465	5,966	2	2	2	175
Ellis Hospital [1-3]	S-henectady, N. Y.	H. A. Snell	7,300	4,881	1	1	2	...
State University of New York Med. Center [1-3,51]	Syracuse, N. Y.	E. J. Belmonico	7,114	5,310	2	3	2	150
Grasslands Hospital [1-3]	Valhalla, N. Y.	H. F. Bishop	1,562	638	1	2	2	125
Duke Hospital [1-3]	Durham, N. C.	R. C. Stephen	7,965	6,657	6	9	2	100
Mercy Hospital [1-3]	Canton, Ohio	L. L. Frick	5,052	1,731	1	2	2	200
Christ Hospital	Cincinnati	L. E. Larrick	6,739	769	1	2	1	200
Cleveland Clinic Hospital [1-3]	Cleveland	D. E. Hale	7,925	1,535	2	4	2	150
Mount Sinai Hospital [1-3]	Cleveland	S. Katz	9,311	...	..	4	2	215
St. Luke's Hospital [1-3]	Cleveland	B. B. Sankey	12,867	5,531	2	4	2	100
University Hospitals Ohio State University Hospital [1-3]	Columbus, Ohio	J. J. Jacoby	3,629	1,650	6	9	2	125
Huron Road Hospital [1-3]	East Cleveland, Ohio	R. J. Whitacre	9,584	5,865	3	6	2	150
Marymount Hospital [1-3]	Garfield Heights, Ohio	N. G. DePiero	3,974	2,236	2	4	1	200
Maumee Valley Hospital [1-3]	Toledo, Ohio	E. J. Purchia	1,025	429	1	1	1	210
St. Elizabeth Hospital	Youngstown, Ohio	...	...	...	...	...	...	...
Youngstown Hospital [1-3]	Youngstown, Ohio	A. J. Fisher	14,662	10,137	2	4	2	125
University Hospitals [1-3]	Oklahoma City	H. A. Bennett	5,322	3,873	2	5	2	75
University of Oregon Medical School Hospitals and Clinics [1-3]	Portland, Ore.	F. Haugen	10,950	2,682	2	4	2	85
Abington Memorial Hospital [1-3]	Abington, Pa.	S. R. Maiello	6,557	5,342	1	2	2	150
Allentown Hospital [3]	Allentown, Pa.	R. N. Brown	9,283	6,808	1	1	1	150
Albert Einstein Medical Center Northern Division [1-3]	Philadelphia	M. L. Bernstine	10,050	8,530	4	4	2	200
Southern Division [1-3]	Philadelphia	A. T. Rose	4,780	2,508	3	3	2	200
Graduate Hospital of the University of Pennsylvania [1-3]	Philadelphia	H. Stone	4,819	4,030	3	3	2	...
Hahnemann Medical College and Hospital [1-3]	Philadelphia	H. S. Ruth	9,534	2,955	5	10	2	...
Hospital of the University of Pennsylvania [1-3]	Philadelphia	R. Dripps	15,008	6,345	..	20	2	100
Lankenau Hospital [1]	Philadelphia	...	4,315	3,375	1	1	1	50
Philadelphia General Hospital	Philadelphia	...	...	...	..	..	1	...
Presbyterian Hospital [1]	Philadelphia	S. Shotz	4,554	2,595	1	2	2	100
Temple University Hospital [1-3]	Philadelphia	L. W. Krumperman	15,982	5,478	2	5	2	...
Allegheny General Hospital [1-3]	Pittsburgh	R. L. Patterson	9,080	5,329	..	2	2	150
Mercy Hospital [1-3]	Pittsburgh	F. F. Foldes	11,825	3,248	1	4	2	150
Montefiore Hospital	Pittsburgh	...	...	...	...	...	1	...
St. Francis Hospital [1]	Pittsburgh	G. J. Thomas	9,874	4,741	3	6	2	150
Robert Packer Hospital [1-3]	Sayre, Pa.	W. F. Brehm	6,971	4,615	2	2	2	150
Rhode Island Hospital [1-3]	Providence, R. I.	M. Saklad	8,452	3,319	1	2	2	60

Abbreviations and other references will be found on page 363.

2. ANESTHESIOLOGY—Continued

Name of Hospital	Location	Chief of Service	Total Anesthetics	Inhalation Anesthetics	First Year Residencies Offered [5]	Total Residencies Offered [5]	Length of Approved Program (Years)	Beginning Stipend (Month)
Roper Hospital [1-5]	Charleston, S. C.	J. M. Brown	5,810	4,297	1	1	1	50
Baroness Erlanger Hospital [1-5]	Chattanooga, Tenn.	F. S. Brannen	7,092	4,719	3	3	1	150
John Gaston Hospital [1-3, 93]	Memphis, Tenn.	M. F. Poe	7,903	4,067	2	4	1	35
Vanderbilt University Hospital [1-5]	Nashville, Tenn.	R. H. Robbins	6,429	3,120	..	..	1	50
Baylor University Hospital [1-5]	Dallas, Texas	E. F. Weir	14,865	7,169	1	2	1	75
Harris Hospital [1-5]	Fort Worth, Texas	A. A. Gentling	9,217	5,106	2	3	1	125
University of Texas Medical Branch Hospitals [1-3, 99]	Galveston, Texas	H. C. Slocum	5,318	3,723	3	9	2	50
Hermann Hospital [1-5, 102]	Houston, Texas	L. F. Schuhmacher	15,291	6,778	2	4	1	75
University of Utah Affiliated Hospitals [1-3, 102]	Salt Lake City	S. Smith	12,147	9,811	4	8	1	100
Bishop DeGoesbriand Hospital [1-5]	Burlington, Vt.	J. Abajian	2,636	1,784	1	3	1	100
Mary Fletcher Hospital [1-5]	Burlington, Vt.	J. Abajian	2,350	700	1	2	1	50
University of Virginia Hospital [1-5]	Charlottesville, Va.	H. F. Chase	9,765	6,091	2	4	1	50
Medical College of Virginia Hospital Division [1-5]	Richmond, Va.	W. E. Pembleton	13,813	4,208	1	3	2	50
King County Hospital, Unit No. 1 (Harborview) [1-3, 102]	Seattle, Wash.	J. E. Mathwig	2,980	1,845	2	2	2	100
Virginia Mason Hospital [1-5]	Seattle, Wash.	D. C. Moore	5,321	3,034	1	2	1	125
Tacoma General Hospital [1]	Tacoma, Wash.	J. J. Bonica	6,109	2,138	2	3	1	200
Ohio Valley General Hospital [1]	Wheeling, W. Va.	D. E. Greenelch	6,584	3,754	1	2	2	325
University Hospitals State of Wisconsin General Hospital [1-3]	Madison, Wis.	A. M. MacKay	5,674	3,100	3	7	2	50
San Juan City Hospital [1-3]	San Juan, P. R.	F. Gonzalez	3,729	1,493	..	1	2	150

3. CARDIOVASCULAR DISEASE

The following services have been approved by the Council and the Subspecialty Board for Cardiovascular Disease of the American Board of Internal Medicine.

Hospitals, 27; Assistant Residencies and Residencies, 61

FEDERAL

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [5]	Total Residencies Offered [5]	Beginning Stipend (Month)
UNITED STATES ARMY									
Letterman Army Hospital	San Francisco	B. E. Pollock	375	1,330	28	24	..	..	....
Army Medical Center [42]	Washington, D. C.	T. W. Mattingly	687	3,577	59	41	..	2	....
Fitzsimons Army Hospital	Denver	E. M. Goyette	228	995	7	5	..	..	....
Brooke Army Medical Center [8, 103]	San Antonio, Texas	R. P. Johnson	475	6,358	30	27	..	..	....
UNITED STATES NAVY									
U. S. Naval Hospital [1-5]	Bethesda, Md.	J. B. MacGregor	429	1,050	42	28	4	4	....
VETERANS ADMINISTRATION									
Veterans Admin. Hospital [1-3]	Long Beach, Calif.	D. W. Lelk	1,193	620	118	68	..	2	....
Veterans Admin. Hospital [1]	Hines, Ill.	L. A. Baker	2,602	....	220	113	2	2	....
Veterans Admin. Hospital [1]	Richmond, Va.	J. P. Williams	645	1,840	48	20	..	1	....

NONFEDERAL

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [5]	Total Residencies Offered [5]	Beginning Stipend (Month)
George Washington University Hospital [1-3]	Washington, D. C.	T. McP. Brown	495	1,924	76	43	..	2	130
Michael Reese Hospital [1-3]	Chicago	L. N. Katz	626	4,074	92	70	10	10	....
Indianapolis General Hospital [1]	Indianapolis	C. J. Clark	....	....	..	..	..	1	250
Indiana University Medical Center [1]	Indianapolis	J. O. Ritchey	....	1,376	..	..	..	2	200
Henry Ford Hospital [1-3]	Detroit	F. J. Smith	1,334	21,139	126	80	3	5	225
Irvington House [1-2, 7]	Irvington-on-Hudson, N. Y.	A. C. DeGraff	236	587	..	..	..	6	200
St. Luke's Hospital [1-3]	New York City	J. H. Keating	....	1,857	..	..	1	1	100
St. Francis Sanatorium for Cardiac Children [1-3]	Roslyn, L. I., N. Y.	L. M. Taran	274	....	2	2	2	2	200
Duke Hospital [1-3]	Durham, N. C.	E. S. Orgain	443	595	23	..	1	2	....
Cincinnati General Hospital [1-3]	Cincinnati	J. McGuire	....	10,787	69	9	3	3	28
University Hospitals Ohio State University Hospital [1-3]	Columbus, Ohio	R. W. Kissane	....	....	..	..	..	1	125
White Cross Hospital [1-3]	Columbus, Ohio	R. W. Kissane	756	....	42	18	1	1	275
Graduate Hospital of the University of Pennsylvania [1-3]	Philadelphia	S. Bellet	126	1,993	8	3	1	1	....
Pennsylvania Hospital [1-3]	Philadelphia	J. B. VanderVeer	....	3,305	..	..	1	3	20
Philadelphia General Hospital [1-3]	Philadelphia	S. Bellet	....	5,978	..	..	5	5	112
Presbyterian Hospital [1]	Pittsburgh	F. J. Gregg	707	1,039	136	46	..	1	41.66
St. Francis Hospital [1]	Pittsburgh	A. P. D'Zmura	3,371	999	..	..	..	1	200
Rhode Island Hospital [1-3]	Providence	F. B. Cutts	....	766	..	..	1	1	110
University of Texas Med. Branch Hosps. [1-3, 99]	Galveston, Texas	G. R. Herrmann	....	2,470	..	20	2	2	50

4. CONTAGIOUS DISEASES

The following services are approved by the Council on Medical Education and Hospitals.

Hospitals, 12; Assistant Residencies and Residencies, 59

NONFEDERAL

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [5]	Total Residencies Offered [5]	Beginning Stipend (Month)
Children's Hospital [1-3]	San Francisco	E. B. Shaw	595	....	28	16	1	1	75
Cook County Hospital [1-3]	Chicago	A. L. Hoyne	1,032	3,061	65	42	2	2	50
Municipal Contagious Disease Hospital [1-6]	Chicago	N. H. Blatt	2,470	1,250	69	55	6	6	208
Massachusetts Memorial Hospitals [1-3]	Boston	L. Weinstein	713	....	18	14	2	3	50
Belmont Hospital [1-3]	Worcester, Mass.	H. B. Goodspeed	350	....	3	1	1	1	215
Herman Kiefer Hospital [1-3]	Detroit	D. C. Young	1,356	1,560	62	36	3	3	418
Essex County Hospital for Contagious Diseases [1-3]	Belleville, N. J.	E. L. Smith	1,878	....	35	17	3	3	150

Numerical and other references will be found on page 363.

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4. CONTAGIOUS DISEASES—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
Municipal Hospital for Contagious Diseases [9],	Camden, N. J.	L. L. Coriell	290	7,569	10	7	2	2	...
Kingston Avenue Hospital [1-3]	Brooklyn	T. Givan	3,578	....	25	12	16	16	140
Willard Parker Hospital [1-3]	New York City	J. F. Landon	5,157	....	29	18	4	16	60
City Hospital [1-3]	Cleveland	R. M. Eiben	2,174	....	40	27	3	4	81
Philadelphia Hosp. for Contagious Diseases [1]	Philadelphia	A. C. LaBoccetta	1,365	....	12	8	..	2	112

5. DERMATOLOGY AND SYPHILOLOGY

The following services are approved by the Council and the American Board of Dermatology and Syphilology. Hospitals, 82; Assistant Residencies and Residencies, 224

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
FEDERAL										
UNITED STATES ARMY										
Letterman Army Hospital	San Francisco	R. S. Hirdon	280	8,037	..	..	..	..	3	...
Army Medical Center [12]	Washington, D. C.	W. N. Piper	321	9,888	1	1	2	7	3	...
Brooke Army Medical Center [2,13]	San Antonio, Texas	M. P. Moursund	467	12,252	1	1	..	..	3	...
UNITED STATES NAVY										
U. S. Naval Hospital	San Diego, Calif.	C. D. Bell	555	5,591	..	..	..	..	2-3	...
U. S. Naval Hospital [1]	St. Albans, N. Y.	L. S. MacClatchie	312	1,652	1	1	..	..	2-3	...
U. S. Naval Hospital	Philadelphia	W. L. New	323	5,402	2	1	..	..	2-3	...
UNITED STATES PUBLIC HEALTH SERVICE										
U. S. Public Health Service Hospital [1-3]	Staten Island, N. Y.	B. J. Chester	898	14,324	1	1	1	2	2	...
FEDERAL SECURITY AGENCY										
Freedmen's Hospital [1-3]	Washington, D. C.	C. W. Freeman	18	9,008	1	1	1	1	2	...
VETERANS ADMINISTRATION										
Veterans Admin. Hospital [1-3]	Long Beach, Calif.	M. E. Obermayer	832	3,833	..	..	3	3	2	...
Veterans Admin. Hospital [1-3]	Los Angeles	....	522	10,164	3	3	2	6	2-3	...
Veterans Admin. Hospital [4]	Hines, Ill.	E. A. Oliver	1,160	....	48	20	2	3	2	...
Veterans Admin. Hospital [1]	New Orleans	C. B. Kennedy	90	341	1	1	1	1	2	...
Veterans Admin. Hospital [1-3]	Fort Howard, Md.	M. Sullivan	127	91	..	..	1	3	3	...
Veterans Admin. Hospital [1-3]	Minneapolis	H. E. Michelson	408	212	2	1	2	2	3	...
Veterans Admin. Hospital [1-3]	New York City	....	467	4,667	4	2	1	3	3	...
Veterans Admin. Hospital [1]	Aspinwall, Pa.	S. Crawford	315	....	2	2	1	1	1	...
Veterans Admin. Hospital [1-3,111]	Milwaukee, Wis.	J. Kanter	532	2,903	7	5	1	1	2	...
NONFEDERAL										
Jefferson-Hillman Hospital [1-3]	Birmingham, Ala.	R. O. Noojin	176	10,235	3	1	1	3	3	50
Lloyd Noland Hospital [1-3]	Fairfield, Ala.	P. G. Reque	132	6,499	..	..	1	1	1	225
Los Angeles County Hospital [1-3]	Los Angeles	....	642	19,340	19	9	1	3	3	173
White Memorial Hospital [1-3]	Los Angeles	C. E. Counter	20	5,030	..	..	1	2	2-3	132
Stanford University Hospitals [1-3]	San Francisco	E. M. Farber	46	9,562	1	1	1	2	2	50
University of California Hospital [1-3]	San Francisco	F. A. Torrey	57	7,001	..	..	3	3	3	78.75
University of Colorado Medical Center Colorado General Hospital [1-3]	Denver	O. S. Philpott	19	3,694	1	1	1	1	1	150
Georgetown University Hospital [1-3]	Washington, D. C.	F. Eichenlaub	28	2,943	..	..	2	2	2	75
Cook County Hospital [1-3]	Chicago	....	265	8,613	18	1	2	3	3	50
Michael Reese Hospital [1-3]	Chicago	....	78	5,216	..	..	1	1	1	50
Northwestern University Medical Center	Chicago	H. Rattner	....	7,708	..	..	..	..	3	....
Research and Educational Hospitals [1-3]	Chicago	F. E. Senear	54	12,506	..	..	1	1	3	60
University of Chicago Clinics [1-3]	Chicago	S. Rothman	169	10,131	..	..	3	8	3	25
Indianapolis General Hospital [1]	Indianapolis	J. Dalton	73	6,384	1	1	1	3	3	100
University Hospitals [1-3]	Iowa City	R. Nonland	281	3,521	3	3	1	3	3	50
University of Kansas Medical Center [1-3]	Kansas City, Kans.	R. Sutton, Jr.	44	2,610	..	..	1	1	1	125
Charity Hospital of Louisiana Independent Unit [1-3]	New Orleans	V. M. Heninrton	66	6,480	..	..	1	2	3	25
Louisiana State University Unit [1-3]	New Orleans	J. K. Howles	136	12,760	3	1	1	3	3	25
Tulane University Unit [1-3]	New Orleans	M. T. VanStuddiford	106	10,261	3	1	1	3	3	25
Johns Hopkins Hospital [1,2,3]	Baltimore	....	....	17,523	..	..	..	1	1	....
University Hospital [1-3]	Baltimore	H. M. Robinson, Sr.	36	13,590	..	..	1	1	2	25
Boston City Hospital [1-3]	Boston	....	74	18,630	1	..	1	2	3	112
Massachusetts General Hospital [1-3]	Boston	C. N. Frazier	330	10,982	6	4	2	4	3	66.67
Massachusetts Memorial Hospitals [1-3]	Boston	J. G. Downing W. L. Fleming	....	6,499	..	..	1	1	1	50
University Hospital [1]	Ann Arbor, Mich.	A. C. Curtis	609	7,697	10	5	4	12	3	150
City of Detroit Receiving Hospital [1-3]	Detroit	L. W. Shaffer	36	4,853	..	..	2	6	3	....
Minneapolis General Hospital [1-3]	Minneapolis	C. W. Laymon	199	4,977	1	..	..	2	3	150
University of Minnesota Hospitals [1-3]	Minneapolis	H. E. Michelson	112	3,589	3	3	1	1	3	142.50
Mayo Foundation [1-3]	Rochester, Minn.	P. A. O'Leary	....	....	..	..	4	14	3	150
Ancker Hospital [1-3]	St. Paul, Minn.	J. Madden	167	2,706	1	1	1	3	3	....
Barnard Free Skin and Cancer Hospital [1-3]	St. Louis	....	35	10,938	2	1	1	2	3	125
Barnes Hospital [1]	St. Louis	....	....	....	..	..	..	..	3	....
St. Mary's Group of Hospitals [1-3]	St. Louis	G. V. Stryker	85	4,341	1	..	1	3	3	65
Mary Hitchcock Memorial Hospital [1-3]	Hanover, N. H.	W. C. Lobitz, Jr.	348	4,616	1	1	1	2	2-3	171
Kings County Hospital [1-3]	Brooklyn	C. Chiarmonte	508	16,602	13	1	2	2	1	140
Buffalo General Hospital [1-3]	Buffalo	E. D. Osborne	7	2,289	..	..	1	1	2	125
Edward J. Meyer Memorial Hospital [1-3]	Buffalo	E. D. Osborne	98	8,234	6	1	1	3	3	170
Bellevue Hospital Center Division IV—N. Y. University Post-Graduate Medical School [1-3]	New York City	F. C. Combes	697	30,208	14	2	7	7	3	80
Metropolitan Hospital [1-3]	New York City	E. Traub	108	13,322	2	..	1	1	1	140
Mount Sinai Hospital [1-3]	New York City	S. M. Peck	164	8,497	2	..	1	1	2	50
New York City Hospital [1-3]	New York City	J. J. Eller	428	11,627	5	1	1	1	1	100
New York Hospital [1-3]	New York City	G. Lewis	....	17,715	..	..	1	1	3	25
New York Polyclinic Medical School and Hospital [1]	New York City	A. C. Cipollaro	33	6,461	..	..	1	2	3	75

Numerical and other references will be found on page 363.

5. DERMATOLOGY AND SYPHILOLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
New York University-Bellevue Medical Center	(See also Bellevue Hospital Center, Division IV)									
University Hospital (Skin and Cancer) [1-3,...]	New York City	M. Sulzberger	244	94,428	6	3	6	6	3	80
Presbyterian Hospital [1-3,113]	New York City	C. T. Nelson	...	39,987	..	..	2	2	3	208.33
St. Luke's Hospital [1-3]	New York City	L. P. Barker	...	8,251	..	..	1	1	2	60
Duke Hospital [1-3]	Durham, N. C.	J. L. Callaway	186	1,563	1	1	1	3	3	41.66
Cincinnati General Hospital [1-3]	Cincinnati	L. Goldman	319	6,328	4	2	6	8	3	...
City Hospital [1-3]	Cleveland	H. N. Cole	402	6,691	4	3	1	3	3	84
Cleveland Clinic Hospital [1-3]	Cleveland	E. W. Netherton	247	17,661	4	3	1	3	3	150
University Hospitals [1-3]	Cleveland		121	6,505	..	..	1	3	3	25
University Hospitals [1-3]	Oklahoma City		...	...	...	...	..	..	1	75
University of Oregon Medical School Hospitals and Clinics [1-3]	Portland, Ore.	L. B. Kingery	68	3,860	1	..	1	2	2	85
Graduate Hospital of the University of Pennsylvania [1-3]	Philadelphia	M. Samitz	81	7,560	2	2	2	2	2	...
Hahnemann Medical College and Hospital	Philadelphia		...	...	..	..	..	..	1	...
Hospital of the University of Pennsylvania [1-3]	Philadelphia	D. Pillsbury	339	11,179	[illegible]	[illegible]	..	22	3	...
Jefferson Medical College Hospital [3]	Philadelphia	H. B. Decker	96	7,393	2	1	..	..	1	...
Pennsylvania Hospital [1-3]	Philadelphia	H. Beerman	...	6,052	..	..	1	1	1	20
Philadelphia General Hospital [1-3]	Philadelphia	C. C. Thomas	383	7,734	[illegible]	..	2	2	1	112
Skin and Cancer Hospital [1-3]	Philadelphia		452	40,493	2	..	4	4	2	50
Pittsburgh Medical Center [23]	Pittsburgh		...	...	..	..	..	..	3	...
University of Texas Medical Branch Hospitals [1-3,23]	Galveston, Texas	C. S. Livingood	222	9,815	1	1	1	6	3	50
University of Virginia Hospital [1-3]	Charlottesville, Va.	E. P. Cawley	169	7,991	2	2	2	5	3	50
Medical College of Virginia Hospital Division [1-3]	Richmond, Va.	R. W. Fowlkes	...	11,953	..	..	..	1	1	50
University Hospitals State of Wisconsin General Hospital [1-3]	Madison, Wis.	S. A. M. Johnson	250	4,222	1	..	1	1	1	50

6. GASTROENTEROLOGY

The following services have been approved by the Council and the Subspecialty Board for Gastroenterology of the American Board of Internal Medicine.

Hospitals, 12; Assistant Residencies and Residencies, 22

FEDERAL

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
UNITED STATES ARMY									
Letterman Army Hospital	San Francisco		450	504	3	3	..	..	...
VETERANS ADMINISTRATION									
Veterans Admin. Hospital [1-3]	Long Beach, Calif.		1,498	392	54	45	..	2	...
Veterans Admin. Hospital [1]	Richmond, Va.	J. P. Williams	7.69	504	17	10	..	1	...

NONFEDERAL

Michael Reese Hospital [1-3]	Chicago	H. Necheles	284	2,059	..	..	2	2	25
Massachusetts Memorial Hospitals [1-3]	Boston	F. J. Ingelfinger	...	1,171	..	..	..	4	100
Lenox Hill Hospital [1-3]	New York	H. A. Rafsky	402	723	12	9	2	2	50
Duke Hospital [1-3]	Durham, N. C.	J. M. Ruffin	388	.....	2	..	..	2	200
University Hospitals Ohio State University Hospital [1-3]	Columbus, Ohio	C. J. DeLor	...	1,138	..	..	..	..	125
Graduate Hospital of the University of Pennsylvania [1-3]	Philadelphia	H. L. Bockus	674	2,017	12	6	2	2	...
Hospital of the University of Pennsylvania [1-3]	Philadelphia	T. Machella	...	3,715	..	..	..	6	...
Jefferson Medical College Hospital [3]	Philadelphia		...	4,157	..	..	..	..	...
Temple University Hospital [1-3]	Philadelphia	H. Shay	...	697	..	..	..	1	...

7. GENERAL PRACTICE

The following services are approved by the Council on Medical Education and Hospitals.

Hospitals, 195; Assistant Residencies and Residencies, 376

FEDERAL

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
UNITED STATES NAVY									
U. S. Naval Hospital [1]	Chelsea, Mass.	L. R. Newhouser	7,993	36,250	93	77	2	4	...
U. S. Naval Hospital [1-3]	Portsmouth, Va.	C. J. Stuart	21,703	101,214	196	156	2	2	...

NONFEDERAL

Maricopa County General Hospital	Phoenix, Ariz.		...	...	...	...	..	..	...
St. Mary's Hospital and Sanatorium [1-3]	Tucson, Ariz.	W. S. Kitt	12,776	3,684	222	95	2	4	200
Leo N. Levi Memorial Hospital [1-3]	Hot Springs, Ark.	R. L. Daniel	1,954	10,257	59	13	2	2	250
General Hospital of Riverside County	Arlington, Calif.		...	...	..	..	..	..	...
Kern General Hospital [1-3]	Bakersfield, Calif.	H. Varney	8,488	72,539	420	248	16	16	250
Los Angeles County Hospital [1-3]	Los Angeles	G. Goodhart	1,233	...	28	3	2	4	173
Methodist Hospital of Southern California [1-3]	Los Angeles	E. Eisen	12,693	5,833	246	73	2	2	100
Sequoia Hospital	Redwood City, Calif.		...	...	..	..	..	..	...
Sacramento County Hospital [1]	Sacramento	L. W. Farrell	11,802	71,007	1,056	434	8	12	300
Monterey County Hospital [1-3]	Salinas, Calif.	J. C. Sharp	2,959	20,393	194	102	6	6	423
St. Francis Memorial Hospital [1-3]	San Francisco	P. Westdahl	2,680	...	212	37	8	9	265

Numerical and other references will be found on page 383.

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7. GENERAL PRACTICE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
Community Hospital of San Mateo County [1-2]	San Mateo, Calif.	J. P. Sweeney	...	...	...	...	7	7	285
Sonoma County Hospital [1-2]	Santa Rosa, Calif.	A. Maximov	3,133	12,948	320	112	9	9	350
Glockner-Penrose Hospital [1-2]	Colorado Springs, Colo.	C. S. Gydesen	5,417	20,825	154	90	1	2	125
St. Francis Hospital [1-2]	Colorado Springs, Colo.	T. R. Knowles	4,306	1,700	150	61	2	2	210
University of Colorado Medical Center									
Colorado General Hospital [1-3]	Denver, Colo.	C. J. Smyth	...	...	...	...	4	12	150
Denver General Hospital [1-3,28]	Denver, Colo.	C. J. Smyth	...	...	...	...	4	12	157
Charlotte Hungerford Hospital [1-2]	Torrington, Conn.	M. E. Globbe	5,483	689	173	65	2	4	75
Wilmington General Hospital [1-2]	Wilmington, Del.	C. Levy	...	...	...	...	4	4	250
Eastern Dispensary and Casualty Hospital [1-2]	Washington, D. C.	J. R. Young	4,576	20,163	93	17	5	5	220
Halifax District Hospital [1]	Daytona Beach, Fla.	F. A. Sica	6,170	4,196	256	107	3	6	275
St. Luke's Hospital	Jacksonville, Fla.	E. E. Leitner	...	...	...	...	1	2	140
St. Vincent's Hospital [1-2]	Jacksonville, Fla.	L. Wachtel	...	...	...	...	1	2	100
Grady Memorial Hospital [1]	Atlanta, Ga.	R. H. Oppenheimer	...	...	...	...	12	12	70
Columbus City Hospital [2]	Columbus, Ga.		12,947	10,520	363	95	1	1	225
Macon Hospital [1]	Macon, Ga.	T. Ross	...	...	...	131	12	22	135
St. Joseph's Hospital [1-2]	Alton, Ill.	H. P. McCuistion	6,234	11,458	167	79	4	4	200
MacNeal Memorial Hospital [1]	Berwyn, Ill.	R. W. Edwards	10,633	7,026	229	79	4	4	175
Grant Hospital [1-2]	Chicago	S. B. Kositchek	3,328	...	105	51	...	1	150
Ravenswood Hospital [1-2]	Chicago	T. Bussey	...	2,837	...	...	2	4	75
South Shore Hospital	Chicago		...	...	...	...	...	...	...
Decatur and Macon County Hospital	Decatur, Ill.		...	...	...	...	...	...	...
Methodist Hospital of Central Illinois [1-2]	Peoria, Ill.	J. Aronoff	2,025	...	156	64	1	1	200
St. Francis Hospital [1]	Beech Grove, Ind.	H. F. Kennedy	8,350	5,586	...	...	1	1	300
Methodist Hospital	Gary, Ind.		...	...	...	...	...	...	...
St. Margaret Hospital [1]	Hammond, Ind.	A. M. Zelazny	11,808	12,253	300	79	2	4	175
St. Elizabeth Hospital	Lafayette, Ind.		...	...	...	...	...	...	...
Memorial Hospital	South Bend, Ind.		...	...	...	...	...	...	...
St. Luke's Methodist Hospital [1-2]	Cedar Rapids, Ia.	L. G. Carrigg	10,809	8,973	244	108	6	6	225
Broadlawns Polk County Hospital [1-2]	Des Moines, Ia.	A. A. Toubes	...	...	...	...	3	3	125
University Hospitals [1-2]	Iowa City	W. B. Bean	...	...	...	...	6	6	50
St. Francis Hospital [1-2]	Wichita, Kan.	W. Miller	4,376	...	130	56	3	6	150
Wesley Hospital [1-2]	Wichita, Kan.	G. R. Tonn	2,947	...	48	11	3	3	150
Baton Rouge General Hospital [1]	Baton Rouge, La.	W. M. Simmons	10,150	...	153	31	4	4	150
Cooley Dickinson Hospital [1-2]	Northampton, Mass.	L. N. Durgin	6,892	1,270	242	55	1	2	100
McLaren General Hospital [1-2]	Flint, Mich.	F. C. Mosier	5,022	92	58	35	1	3	325
St. Joseph Hospital [1-2]	Flint, Mich.	J. J. Gutow	8,460	...	211	88	4	6	400
Borgess Hospital	Kalamazoo, Mich.	C. W. Perry	2,800	1,200	80	20	1	1	200
Mercy Hospital [1-2]	Muskegon, Mich.	R. D. Risk	6,225	5,506	194	87	2	2	250
St. Joseph Mercy Hospital [1-2]	Pontiac, Mich.	N. Stoberg	...	...	...	...	2	2	300
St. Luke's Hospital [1]	Saginaw, Mich.	W. Martzowka	3,623	604	64	29	1	2	300
James Decker Munson Hospital [1-2]	Traverse City, Mich.	F. G. Swartz	5,014	12,608	124	56	1	2	300
Wyandotte General Hospital [1-2]	Wyandotte, Mich.	J. J. Wozniak	14,241	...	237	103	2	6	400
Lutheran Deaconess Home and Hospital [1-2]	Minneapolis	C. R. Wall	...	...	...	...	2	2	200
Mount Sinai Hospital [1-2]	Minneapolis	J. Feinstein	1,218	888	86	29	1	1	100
Midway Hospital [2]	St. Paul, Minn.	A. E. Ritt	6,792	2,186	131	60	2	2	200
Mercy Hospital—Street Memorial	Vicksburg, Miss.		...	...	...	...	...	...	...
Missouri Methodist Hospital	St. Joseph, Mo.	O. W. D. Craig	3,...	1,...	2...	...	3	3	1...
Alexian Brothers Hospital [2]	St. Louis	E. F. Sexton	3,695	5,198	183	42	3	3	200
St. Anthony's Hospital [1-2]	St. Louis	W. T. Gunn	5,377	...	87	21	2	4	170
Albany Hospital [1-2]	Albany, N. Y.		...	...	...	...	...	...	110
Millard Fillmore Hospital [1-2]	Buffalo	M. Cheplove	...	...	...	...	1	2	1.0
St. Joseph Hospital [2]	Far Rockaway, N. Y.	G. Christmann	5,712	2,951	144	36	1	2	200
Benedictine Hospital [1-2]	Kingston, N. Y.	W. S. Bush	951	1,089	7	2	1	1	25
Kingston Hospital	Kingston, N. Y.		...	...	...	...	...	...	...
Our Lady of Victory Hospital [2]	Lackawanna, N. Y.		...	...	...	...	...	...	...
Vassar Brothers Hospital [1-2]	Poughkeepsie, N. Y.	E. A. Stoller	2,052	6,288	117	40	2	2	150
Peoples Hospital [1]	Akron, Ohio	D. J. Roberts	...	...	...	...	5	5	225
Christ Hospital	Cincinnati, Ohio		...	...	...	...	...	...	...
Good Samaritan Hospital [1-2]	Cincinnati	F. Williams	...	...	...	...	1	2	155
Glenville Hospital	Cleveland		...	...	...	...	...	...	...
Lima Memorial Hospital [1]	Lima, Ohio	D. L. Steiner	1,572	...	203	48	...	8	250
St. Rita's Hospital [1-2]	Lima, Ohio	J. R. Johnson	1,636	410	104	33	1	1	175
St. Vincent's Hospital [1-2]	Toledo, Ohio	M. A. Schnitker	...	...	...	...	2	4	200
Toledo Hospital [1-2]	Toledo, Ohio	C. S. Mundy	6,916	...	123	72	1	2	200
University Hospitals	Oklahoma City		...	...	...	...	4	4	250
Bradford Hospital [2]	Bradford, Pa.	C. L. Luckett	1,044	4,947	75	13	1	1	250
St. Joseph's Hospital [1]	Lancaster, Pa.	C. H. Witmer	3,550	2,709	179	84	1	2	...
Community General Hospital [1-2]	Reading, Pa.	C. S. Kring	...	3,417	...	...	...	1	300
Sharon General Hospital [1]	Sharon, Pa.	J. J. Bellas	...	...	...	...	...	4	250
Memorial Hospital [1-2]	Pawtucket, R. I.		5,844	3,646	201	52	1	2	150
Spartanburg General Hospital	Spartanburg, S. C.		...	...	...	...	...	...	...
Sacred Heart Hospital [1]	Yankton, S. D.	C. B. McVay	5,534	15,950	105	40	2	4	300
St. Mary's Memorial Hospital [1-2]	Knoxville, Tenn.	C. E. Irwin	6,477	...	164	41	3	9	300
Madison Rural Sanitarium and Hospital [1-2]	Madison College, Tenn.	C. C. Gant	1,270	3,543	45	20	3	3	215
Brackenridge Hospital [1-2]	Austin, Texas	F. A. White	7,581	3,320	143	59	5	5	180
All Saints Hospital [1-2]	Fort Worth, Texas	J. A. Hallmark	6,485	...	151	50	4	4	250
City-County Hospital [1-2]	Fort Worth, Texas	J. R. Cochran	4,861	28,804	343	114	5	5	150
St. Joseph's Hospital [1]	Fort Worth, Texas	J. F. McVeigh	14,836	9,629	346	70	1	1	200
St. Mary's Infirmary [1]	Galveston, Texas	J. A. Magliola	3,311	300	68	25	4	10	400
Shannon West Texas Memorial Hospital [1-2]	San Angelo, Texas	C. S. Thompson	6,157	18,763	179	59	4	4	200
Baptist Memorial Hospital [1-2]	San Antonio, Texas	A. H. Saegert	15,733	4,561	376	134	1	2	150
Robert B. Green Memorial Hospital [1]	San Antonio, Texas	W. W. Bondurant	6,277	30,846	332	125	1	2	100
Kings Daughters Hospital [1-2]	Temple, Texas	S. W. Shibler	2,078	31,057	82	37	1	1	200
Wichita General Hospital	Wichita Falls, Texas		...	...	...	...	...	...	...
Riverside Hospital [1-2]	Newport News, Va.	W. Varner	...	...	...	...	2	2	175
Retreat for the Sick	Richmond, Va.		...	...	...	...	...	...	...
Sheltering Arms Hospital [1-2]	Richmond, Va.	A. K. Sutphin	432	...	69	34	1	2	100
Kadlec Hospital	Richland, Wash.	R. R. DeNicola	6,242	5,339	54	24	1	2	200
Maynard Hospital	Seattle, Wash.		...	...	...	...	...	...	...
Providence Hospital [1-2]	Seattle, Wash.	R. T. Fitzmaurice	12,779	4,184	337	180	2	3	110
Sacred Heart Hospital [1-2]	Spokane, Wash.	R. M. O'Brien	20,324	2,768	543	184	4	4	150
Bluefield Sanitarium [2]	Bluefield, W. Va.	H. F. Warden	2,004	...	94	22	2	2	500
Kanawha Valley Hospital [2]	Charleston, W. Va.	R. J. Jones	1,504	981	60	15	1	2	200
Memorial Hospital	Charleston, W. Va.		...	...	...	...	...	...	...
Ohio Valley General Hospital	Wheeling, W. Va.		...	...	...	...	...	...	...
Evangelical Deaconess Hospital [1-2]	Milwaukee	L. M. Peters	1,773	...	...	...	2	2	...
St. Michael's Hospital [1-2]	Milwaukee	E. Kay	4,704	17,536	99	...	3	6	275

Numerical and other references will be found on page 363.

8. INTERNAL MEDICINE

The following services have been approved by the Council, the American Board of Internal Medicine, and the American College of Physicians through the Conference Committee on Graduate Training in Medicine as offering acceptable training in the specialty under any of the several programs leading to eligibility for examination by the American Board of Internal Medicine (Requirements for Admission to Examination and Certification, pp. 384-385.

Hospitals, 593; Assistant Residencies and Residencies, 4,149

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Year (Month)
FEDERAL									
UNITED STATES AIR FORCE									
U. S. Air Force Hospital	Scott Air Force Base, Ill.	.....	...	...	..	..	..	..	...
U. S. Air Force Hospital	San Antonio, Texas	.....	...	...	..	..	..	..	...
UNITED STATES ARMY									
Letterman Army Hospital	San Francisco	F. W. Pruitt	4,000	4,771	24	22	..	..	...
Fitzsimons Army Hospital	Denver	A. A. Biederman	2,404	27,678	23	17	..	..	...
Army Medical Center [12]	Washington, D. C.	F. S. Fancher	2,153	49,089	41	38	7	22	...
Percy Jones Army Hospital	Battle Creek, Mich.	F. H. Mowrey	1,200	18,310	19	17	..	..	...
Valley Forge Army Hospital [3]	Phoenixville, Pa.	J. G. Knauer	2,107	9,219	21	19	1	1	...
William Beaumont Army Hospital	El Paso, Texas	.....	...	...	..	..	..	..	...
Brooke Army Medical Center [2-3-5]	San Antonio, Texas	R. E. Blount	5,230	24,622	114	105	..	..	...
Madigan Army Hospital	Tacoma, Wash.	.....	...	...	..	..	..	..	...
Tripler Army Hospital	Honolulu, T. H.	D. O. Lynn	10,847	21,091	57	49	..	..	...
UNITED STATES NAVY									
U. S. Naval Hospital [5]	Oakland, Calif.	A. R. Higgins	4,589	21,250	111	83	..	..	...
U. S. Naval Hospital	San Diego, Calif.	E. V. Jobe	4,792	27,281	176	150	..	..	...
U. S. Naval Hospital [5]	Great Lakes, Ill.	W. H. Schwartz	3,436	9,095	48	47	..	..	...
U. S. Naval Hospital [1-5]	Bethesda, Md.	E. F. Evans	1,231	1,417	6	5	..	7	...
U. S. Naval Hospital [5]	Chelsea, Mass.	W. W. Kirk	4,180	5,959	21	13	4	8	...
U. S. Naval Hospital [5]	St. Albans, N. Y.	H. C. Oard	1,156	3,333	23	15	..	..	...
U. S. Naval Hospital	Philadelphia	J. Love	4,359	33,114	354	153	..	..	...
U. S. Naval Hospital [1-5]	Portsmouth, Va.	C. L. Ferguson	4,559	1,911	40	31	4	4	...
UNITED STATES PUBLIC HEALTH SERVICE									
U. S. Public Health Service Hospital [1-5]	San Francisco	F. S. French	1,926	4,013	83	62	1	4	...
U. S. Public Health Service Hospital [1]	Chicago	J. L. James	951	3,928	24	16	2	2	...
U. S. Public Health Service Hospital [1]	New Orleans	R. H. Smith	2,960	5,585	86	58	2	6	...
U. S. Public Health Service Hospital [1]	Baltimore	L. L. Terry	2,028	15,490	76	59	2	6	...
National Institute of Health	Bethesda, Md.	.....	...	...	..	..	..	..	...
U. S. Public Health Service Hospital	Boston	W. S. Baum	1,870	2,074	69	44	1	3	...
U. S. Public Health Service Hospital [1-5]	Detroit	R. Miller	1,224	15,186	53	40	1	3	...
U. S. Public Health Service Hospital [1-5]	Staten Island, N. Y.	A. A. Doerner	3,208	14,208	118	71	2	8	...
U. S. Public Health Service Hospital [1-5]	Seattle, Wash.	R. L. Griffith	1,919	6,517	111	79	1	4	...
FEDERAL SECURITY AGENCY									
Freedmen's Hospital [1-5]	Washington, D. C.	J. B. Johnson	1,042	4,167	254	98	3	10	...
VETERANS ADMINISTRATION									
Veterans Admin. Hospital [1]	Tuskegee, Ala.	E. T. Odom	1,265	3,540	113	56	2	9	...
Veterans Admin. Hospital [1]	Little Rock, Ark.	A. N. Ferguson	2,189	...	97	72	4	4	...
Veterans Admin. Hospital [1-2]	Long Beach, Calif.	T. H. Breu	2,780	12,324	152	99	28	28	...
Veterans Admin. Hospital [1-2]	Los Angeles	R. O. Egeberg	4,880	11,082	238	196	22	54	...
Veterans Admin. Hospital [1]	San Francisco	F. M. Willett	2,075	1,128	168	117	12	21	...
Veterans Admin. Hospital [1-2]	Denver	P. Sears	1,664	...	44	38	7	16	...
Veterans Admin. Hospital [1-5]	Newington, Conn.	P. Kunkel	1,200	3,078	85	65	10	24	...
Veterans Admin. Hospital [1-2]	Washington, D. C.	L. K. Alpert	1,852	1,987	182	140	5	13	...
Veterans Admin. Hospital [1-2-5]	Coral Gables, Fla.	J. M. Rumbaugh	2,387	1,200	195	167	8	15	...
Veterans Admin. Hospital [1-2]	Augusta, Ga.	D. E. Fader	1,329	1,084	85	46	2	6	...
Veterans Admin. Hospital [1]	Chamblee, Ga.	M. Bunel, Jr.	1,673	1,954	122	87	8	14	...
Veterans Admin. Hospital [1]	Hines, Ill.	L. A. Baker	6,178	...	368	188	54	54	...
Veterans Admin. Hospital [1]	Indianapolis	W. A. Christian	1,479	...	167	122	11	33	...
Veterans Admin. Hospital [1]	Des Moines, Ia.	D. J. Glomset	2,131	...	152	134	..	12	...
Veterans Admin. Hospital [1-2]	Topeka, Kan.	R. Chess	1,475	...	70	56	2	6	...
Veterans Admin. Hospital [1-2]	Wadsworth, Kan.	M. Slavin	3,125	...	295	222	4	11	...
Veterans Admin. Hospital [1]	Wichita, Kan.	T. J. Rankin	1,446	...	71	54	1	3	...
Veterans Admin. Hospital [1-2]	Louisville	J. R. Gott, Jr.	1,728	11,018	183	132	6	18	...
Veterans Admin. Hospital [1-2]	New Orleans	C. A. Jones	2,192	3,616	124	94	6	15	...
Veterans Admin. Hospital [1-2]	Fort Howard, Md.	J. Freeman	1,901	1,845	227	155	8	11	...
Veterans Admin. Hospital [1]	Perry Point, Md.	S. Goldenbaum	1,267	250	32	24	2	4	...
Veterans Admin. Hospital [1]	Boston (West Roxbury)	T. A. Warthin	2,285	1,183	144	105	13	17	...
Veterans Admin. Hospital [1-2]	Framingham, Mass.	M. B. Strauss	4,650	1,358	160	113	14	36	...
Veterans Admin. Hospital [1-2]	Dearborn, Mich.	H. J. Kullman	5,452	12,939	316	199	..	25	...
Veterans Admin. Hospital [1-2]	Minneapolis	R. V. Ebert	3,792	532	159	124	33	33	...
Veterans Admin. Hospital [1]	Jefferson Barracks, Mo.	E. Wall	3,088	...	42	36	7	17	...
Veterans Admin. Hospital [1]	Lincoln, Neb.	O. V. Calhoun	1,419	1,076	49	38	2	6	...
Veterans Admin. Hospital [1-2]	Omaha, Neb.	H. J. Zimmermann	1,344	...	65	46	5	17	...
Veterans Admin. Hospital	Albuquerque, N. M.	W. S. Taylor	1,327	...	59	53	5	10	...
Veterans Admin. Hospital	Albany, N. Y.	.....	...	...	..	..	..	..	...
Veterans Admin. Hospital [1-2]	Bath, N. Y.	A. S. Dowling	2,463	49,171	151	101	3	3	...
Veterans Admin. Hospital [1-2]	Brooklyn	P. W. Spear	2,806	901	314	229	19	30	...
Veterans Admin. Hospital [1-2]	Buffalo	J. H. Townsend	3,339	...	104	80	..	12	...
Veterans Admin. Hospital [1-2]	New York City	B. Strauss	4,285	1,029	447	290	17	40	...
Veterans Admin. Hospital [1-2]	Cleveland	N. P. Shumway	3,049	...	239	133	..	28	...
Veterans Admin. Hospital	Dayton, Ohio	A. Tomasulo	2,250	80,623	279	184	3	14	...
Veterans Admin. Hospital [1]	Oklahoma City	H. L. Schmidt, Jr.	1,253	...	73	44	2	6	...
Veterans Admin. Hospital [1-2]	Portland, Ore.	G. O. Bern	1,785	965	186	130	5	15	...
Veterans Admin. Hospital [1]	Aspinwall, Pa.	R. Schwartz	4,290	...	305	156	9	27	...
Veterans Admin. Hospital	Columbia, S. C.	R. W. Houseal	3,367	3,000	186	88	2	6	...
Veterans Admin. Hospital [1-2]	Memphis, Tenn.	J. E. Cottell	6,195	8,780	215	141	9	27	...
Veterans Admin. Hospital [1-2]	Nashville, Tenn.	R. France	3,992	...	139	83	12	18	...
Veterans Admin. Hospital [1-2]	Dallas, Texas	C. W. Sensenbach	1,231	...	94	68	9	14	...
Veterans Admin. Hospital [1-2]	Houston, Texas	R. A. Wise	555	...	38	35	10	25	...
Veterans Admin. Hospital [1-2]	McKinney, Texas	B. Friedman	3,142	3,348	95	79	6	16	...
Veterans Admin. Hospital [1]	Salt Lake City	J. C. Nunemaker	1,274	3,318	79	71	4	10	...
Veterans Admin. Hospital [1]	White River Junction, Vt.	A. Yeomans	3,963	17,414	122	105	5	15	...
Veterans Admin. Hospital [1]	Richmond, Va.	J. P. Williams	4,087	6,475	152	83	10	30	...
Veterans Admin. Hospital [1]	Seattle, Wash.	R. S. Evans	779	...	62	45	4	12	...
Veterans Admin. Hospital [1-2]	Martinsburg, W. Va.	H. Fiekl, Jr.	842	450	75	44	5	10	...
Veterans Admin. Hospital [1-2]	Milwaukee, Wis.	M. W. Garry	823	5,789	55	47	21	21	...

Numerical and other references will be found on page 363.

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8. INTERNAL MEDICINE—Continued

NONFEDERAL

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered[4]	Total Residencies Offered[4]	Beginning Stipend (Month)
Carraway Methodist Hospital[1]	Birmingham, Ala.	E. D. Lineberry	1,998	5,453	64	20	2	4	150
Jefferson-Hillman Hospital[1-3]	Birmingham, Ala.	T. Harrison	3,570	16,701	397	171	2	15	50
Lloyd Noland Hospital[1-3]	Fairfield, Ala.	G. M. Hankins	2,089	27,089	116	55	3	6	225
City Hospital	Mobile, Ala.	G. O. Segrest	1,488	6,102	197	71	1	3	200
Memorial Hospital[1-3]	Phoenix, Ariz.	H. Caldwell	1,826	1,750	132	49	1	1	250
St. Mary's Hospital and Sanatorium[1-3]	Tucson, Ariz.	H. E. Thompson	3,626	1,194	112	44	2	6	200
Tucson Medical Center[1-3]	Tucson, Ariz.	O. J. Farmer	915	458	23	15	4	4	200
Arkansas Baptist Hospital[1-3]	Little Rock, Ark.	A. Kahn, Jr.	2,351	...	169	32	1	1	150
General Hospital of Riverside County	Arlington, Calif.	...	...	...	...	...	...	...	...
University Hospital[1]	Little Rock, Ark.	B. B. Wells	723	11,345	54	52	1	5	120
Kern General Hospital[1-3]	Bakersfield, Calif.	B. Eriesson	1,900	30,229	280	108	2	6	350
Herrick Memorial Hospital[1-3]	Berkeley, Calif.	H. I. Harvey	1,518	4,734	131	76	1	3	160
San Joaquin General Hospital[1-3]	French Camp, Calif.	G. Wever	2,238	6,461	447	216	2	4	235
General Hospital of Fresno County[1-3]	Fresno, Calif.	W. Adams	1,656	16,040	308	124	2	3	230
Glendale Sanitarium and Hospital[1-3]	Glendale, Calif.	H. Hoxie	2,829	7,478	357	134	1	3	164.50
Seaside Memorial Hospital[1-3]	Long Beach, Calif.	F. Farrell	2,923	300	231	61	2	2	150
California Hospital[1-3]	Los Angeles	W. Wessels	2,807	12,240	234	83	2	4	125
Cedars of Lebanon Hospital[1-3]	Los Angeles	J. Kahn M. Prinzmetal	2,709	22,249	205	95	3	3	100
Hospital of the Good Samaritan[1-3]	Los Angeles	W. H. Grishaw	2,258	14,000	103	57	2	6	150
Los Angeles County Hospital[1-3]	Los Angeles	I. Bolsen	19,379	65,000	2,500	818	11	31	173
Presbyterian Hospital—Olmsted Memorial[1]	Los Angeles	W. N. Anderson	2,543	10,382	176	53	1	3	160
Queen of Angels Hospital[1-3]	Los Angeles	M. Blacker	2,943	3,102	319	124	2	3	125
St. Vincent's Hospital[1-3]	Los Angeles	J. C. Ruddock	2,046	...	173	58	1	1	125
White Memorial Hospital[1-3]	Los Angeles	D. E. Griggs	1,708	31,431	141	78	2	6	132
Highland-Alameda County Hospital[1-3,35]	Oakland, Calif.	H. Rogers	3,443	15,435	367	184	4	5	170
Permanente Hospital[1-3]	Oakland, Calif.	M. F. Collen	1,868	69,252	149	80	4	8	175
Collis P. and Howard Huntington Memorial Hospital[1-3]	Pasadena, Calif.	G. T. Burke	2,258	...	239	122	2	3	130
Mercy Hospital[1]	San Diego, Calif.	E. M. Fetter	2,754	1,287	161	48	1	3	125
San Diego County General Hospital[1-3]	San Diego, Calif.	J. M. Rumsey	2,256	12,018	490	153	4	7	125
Children's Hospital[1-3]	San Francisco	D. W. Atkinson	703	3,350	46	22	1	2	75
Franklin Hospital[1-3]	San Francisco	C. D. Mote	1,638	8,049	102	38	2	4	165
French Hospital[1-3]	San Francisco	D. E. Wilbur	3,321	6,577	207	80	2	3	160
Mary's Help Hospital[1-3]	San Francisco	F. Rochex	1,075	5,295	98	30	1	2	150
Mount Zion Hospital[1-3]	San Francisco	J. J. Sampson	2,677	10,347	198	105	3	6	75
St. Joseph's Hospital[1-3]	San Francisco	W. W. Port	2,313	1,630	176	40	1	1	150
St. Luke's Hospital[1-3]	San Francisco	E. L. Bruck	2,245	2,750	170	66	1	3	200
St. Mary's Hospital[1-3]	San Francisco	J. J. McGinnis	1,667	5,120	108	30	2	4	100
San Francisco Hospital[1-3]	San Francisco	H. D. Brainerd J. K. Lewis	4,560	...	905	306	2	5	175
Southern Pacific General Hospital[1-3]	San Francisco	R. E. Allen	3,160	36,103	113	57	2	5	150
Stanford University Hospitals[1-3]	San Francisco	L. Bloomfield	1,868	27,969	139	69	5	11	50
University of California Hospital[1-3,29,30]	San Francisco	T. L. Althausen	1,353	26,961	70	51	..	10	78.75
Santa Clara County Hospital[1-3]	San Jose, Calif.	J. M. Geiger	1,315	10,320	263	90	2	4	260
Community Hospital of San Mateo County[1-3]	San Mateo, Calif.	W. F. Knorp	832	7,393	136	42	..	1	265
Santa Barbara Cottage Hospital[1-3]	Santa Barbara, Calif.	H. I. Burtness	2,326	754	106	67	3	6	160
Harbor General Hospital[1-3]	Torrance, Calif.	F. Kellogg W. P. Mertin	2,331	5,331	473	175	4	12	173
Glockner-Penrose Hospital[1-3]	Colorado Springs, Colo.	G. Smith	1,196	260	86	38	1	1	125
University of Colorado Medical Center Colorado General Hospital[1-3,28]	Denver	G. Meikeljohn	980	27,571	156	115	5	10	150
Denver General Hospital[1-3,28]	Denver	G. Meiklejohn	3,340	5,776	512	792	3	6	157
Mercy Hospital[1-3]	Denver	W. Vest	3,105	1,724	142	51	1	3	150
St. Anthony Hospital[1-3]	Denver	A. D. Riemer	3,051	99	178	74	1	3	150
St. Joseph's Hospital[1-3]	Denver	P. Clarke	2,848	...	131	40	..	1	150
St. Luke's Hospital[1-3]	Denver	...	...	...	...	...	...	...	...
Colorado State Hospital[1-3]	Pueblo, Colo.	G. R. Curless	1,205	3,802	185	93	3	6	275
Corwin Hospital[1-3]	Pueblo, Colo.	R. H. Finney	1,805	...	50	26	1	1	150
Bridgeport Hospital[1-3]	Bridgeport, Conn.	I. S. Zaur	2,380	...	292	85	1	1	125
St. Vincent's Hospital	Bridgeport, Conn.	...	...	...	...	...	...	...	...
Hartford Hospital[1-3]	Hartford, Conn.	M. T. Root	4,458	11,972	395	190	4	6	50
St. Francis Hospital[1-3]	Hartford, Conn.	E. J. Turbett	3,826	8,698	402	124	2	2	75
New Britain General Hospital[1-3]	New Britain, Conn.	J. C. White	1,953	...	202	91	1	2	120
Grace-New Haven Community Hospital Grace Unit[1-3]	New Haven, Conn.	T. S. Evans	1,142	1,580	114	36	1	3	40
New Haven Unit (University Service)[1-3]	New Haven, Conn.	P. B. Beeson	2,694	17,904	343	164	5	10	40
Hospital of St. Raphael[1-3]	New Haven, Conn.	T. S. Evans J. Mignone	10,308	1,533	327	83	2	5	75
Lawrence and Memorial Associated Hospitals[1-3]	New London, Conn.	A. Lubensky	1,527	...	149	21	2	2	150
Norwalk Hospital[1-3]	Norwalk, Conn.	D. L. Ehrich	1,650	372	158	56	2	2	130
St. Mary's Hospital[1-3]	Waterbury, Conn.	W. Finkelstein	3,091	1,993	85	37	2	5	150
Waterbury Hospital[1-3]	Waterbury, Conn.	O. J. Bizzozero	3,695	9,159	224	108	2	5	130
Delaware Hospital[1-3]	Wilmington, Del.	L. B. Flinn	2,106	7,201	232	117	2	5	130
Memorial Hospital[1-3]	Wilmington, Del.	L. B. Flinn	1,258	3,577	149	68	1	3	175
Wilmington General Hospital[1-3]	Wilmington, Del.	J. R. Durham, Jr.	1,089	1,592	106	28	2	2	250
Central Dispensary and Emergency Hospitals[1-3]	Washington, D. C.	J. Minor	1,776	5,178	92	46	2	5	225
Doctors Hospital[1-3]	Washington, D. C.	A. McNitt	1,888	...	126	78	2	3	200
Gallinger Municipal Hospital[1-3]	Washington, D. C.	N. J. Cotsonas E. Hill	3,093	12,004	369	208	18	20	100
Garfield Memorial Hospital[1-3]	Washington, D. C.	A. D. Daughton	1,027	1,267	129	57	1	5	160
Georgetown University Hospital[1-3,35,100]	Washington, D. C.	H. Jeghers	2,827	13,294	260	115	6	21	25
George Washington University Hospital[1-3]	Washington, D. C.	T. McP. Brown	2,170	11,635	101	53	3	8	130
Providence Hospital[1-3]	Washington, D. C.	T. Collins	1,598	9,159	158	78	1	2	150
Duval Medical Center[1]	Jacksonville, Fla.	K. B. Hanson	1,033	12,392	280	134	2	4	125
Riverside Hospital[1-3]	Jacksonville, Fla.	J. W. Merritt	928	6,974	39	18	1	1	150
St. Luke's Hospital	Jacksonville, Fla.	K. B. Hanson	1,028	...	108	30	2	2	140
St. Vincent's Hospital	Jacksonville, Fla.	...	...	...	...	...	...	...	...
Jackson Memorial Hospital[1]	Miami, Fla.	J. H. Putman	3,999	11,581	540	221	6	11	75
Mount Sinai Hospital	Miami Beach, Fla.	...	...	...	...	...	...	...	...
St. Francis Hospital	Miami Beach, Fla.	N. A. Tierney	1,780	2,344	86	12	2	2	100
Orange Memorial Hospital[1-3]	Orlando, Fla.	F. Mathers	1,787	...	203	62	1	1	125
Tampa Municipal Hospital	Tampa, Fla.	H. F. Hampton	2,048	3,722	264	90	1	1	125
Crawford W. Long Memorial Hospital[1-3]	Atlanta, Ga.	L. Henry	3,008	541	290	72	4	7	87.50
Grady Memorial Hospital[1]	Atlanta, Ga.	R. H. Wood	2,622	78,621	420	249	8	13	20
Piedmont Hospital[1]	Atlanta, Ga.	C. Smith	1,024	...	37	19	1	3	100
St. Joseph's Infirmary[1-3]	Atlanta, Ga.	W. C. Waters	1,363	1,098	94	39	1	2	170

Numerical and other references will be found on page 383.

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8. INTERNAL MEDICINE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [4]	Total Residencies Offered [4]	Beginning Stipend (Months)
University Hospital [1-3]	Augusta, Ga.	V. Sydenstricker	2,300	5,807	365	30	4	7	...
Emory University Hospital [1-3]	Emory University, Ga.	D. F. James	2,514	...	147	69	4	9	50
Alexian Brothers Hospital [3]	Chicago	K. W. Ossendorff	2,227	...	194	71	1	1	175
American Hospital [1-3]	Chicago	M. Afremow	1,206	...	113	41	1	2	50
Augustana Hospital [1-3]	Chicago	C. A. Hedberg	3,089	2,953	222	90	2	6	150
Cook County Hospital [1-3]	Chicago	E. F. Foley	18,323	31,302	4,061	591	12	36	50
Englewood Hospital [3]	Chicago	F. Stenn	1,040	...	140	55	1	1	200
Grant Hospital [1-3]	Chicago	A. Vanderkloot	1,600	...	138	68	1	3	150
Henrotin Hospital [1-3]	Chicago	F. K. Hick	853	1,632	47	20	1	1	150
Hospital of St. Anthony de Padua	Chicago	F. L. Foran	1,737	...	137	25	1	1	250
Illinois Central Hospital [3]	Chicago	L. H. Sloan	3,309	23,025	153	53	2	2	183
Illinois Masonic Hospital [1-3]	Chicago	R. H. Hayes	2,312	10,930	247	104	2	5	90
Loretto Hospital [1-3]	Chicago	S. G. Plice	1,635	...	78	42	1	1	200
Lutheran Deaconess Home and Hospital [1-3]	Chicago	G. O. Solem	1,711	...	191	66	1	1	150
Mercy Hospital [1-3]	Chicago	D. Rosenberg	1,982	30,127	122	68	3	10	25
Michael Reese Hospital [1-3,15]	Chicago	G. F. O'Brien	1,619	26,893	116	41	2	4	25
Mount Sinai Hospital [1-3]	Chicago	H. J. Isaacs	2,664	35,739	202	95	2	4	50
Northwestern University Medical Center [27,30]	Chicago	A. R. Colwell, S.	...	11,500	...	..	13	45	...
Passavant Memorial Hospital [1-3]	Chicago	A. R. Colwell	2,815	...	101	59	..	..	50
Wesley Memorial Hospital [1-3]	Chicago	P. S. Rhoads	3,526	...	179	110	..	..	50
Evanston Hospital [1-3]	Evanston, Ill.	L. D. Snorf	2,874	...	204	111	..	..	50
Norwegian American Hospital [1-3]	Chicago	M. Gethner	1,400	...	138	44	1	1	150
Presbyterian Hospital [1-3]	Chicago	S. H. Armstrong	3,878	23,086	163	86	6	15	50
Provident Hospital [1-3]	Chicago	A. F. Connor	757	14,165	108	34	1	3	85
Ravenswood Hospital [1-3]	Chicago	A. V. Gould	1,894	...	165	114	3	8	75
Research and Educational Hospitals [1-3]	Chicago	H. F. Dowling	618	14,858	38	28	3	12	60
St. Anne's Hospital [1-3]	Chicago	S. G. Plice	1,991	4,115	202	72	2	2	165
St. Elizabeth Hospital	Chicago	L. J. Latz	2,653	...	157	46	1	1	100
St. Joseph Hospital [1-3]	Chicago	L. E. Hines	1,414	...	120	49	2	3	125
St. Luke's Hospital [1-3]	Chicago	T. J. Cowman	3,573	6,696	241	157	3	9	50
St. Mary of Nazareth Hospital	Chicago	C. E. Thompson	2,233	322	225	63	1	3	100
University of Chicago Clinics [1-3]	Chicago	W. Adams	2,883	16,636	136	91	8	20	25
Women and Children's Hospital [1-3]	Chicago	M. Austin	605	1,401	18	5	1	1	100
Woodlawn Hospital [1-3]	Chicago	W. DeYoung	...	...	...	...	...	...	...
St. Francis Hospital [1-3]	Evanston, Ill.	F. Schaffner	1,877	347	105	64	1	1	150
Little Company of Mary Hospital [1-3]	Evergreen Park, Ill.	M. W. Sbertoli	2,315	4,448	228	121	2	6	150
West Suburban Hospital	Oak Park, Ill.	W. J. Hamstrom	3,383	...	...	...	3	3	175
St. Francis Hospital [1-3]	Peoria, Ill.	J. C. McMillan	1,648	1,077	265	107	2	2	150
Clinic Hospital [1]	Buffton, Ind.	H. A. Warren	3,055	24,916	314	104	1	2	100
Indianapolis General Hospital [1]	Indianapolis	A. C. Nickel	1,870	...	44	27	1	6	200
Indiana University Medical Center [1]	Indianapolis	P. Fouts	1,583	25,077	299	125	4	12	160
Methodist Hospital [1-3]	Indianapolis	J. O. Ritchey	2,319	10,542	174	115	3	7	100
St. Vincent's Hospital [1]	Indianapolis	R. D. Rossmak	2,589	6,827	278	69	2	5	150
St. Elizabeth Hospital [1]	Lafayette, Ind.	R. M. Vandivier	1,358	5,457	173	79	1	3	250
Ball Memorial Hospital [1-3]	Muncie, Ind.	R. A. Flack	3,381	4,108	208	52	1	3	150
Iowa Methodist Hospital	Des Moines, Iowa	C. A. Ball	1,230	...	184	30	2	6	100
University Hospitals [1-3]	Iowa City	W. B. Bean	2,661	1,827	164	117	8	23	50
University of Kansas Medical Center [1-3]	Kansas City, Kans.	M. Delp	1,943	23,339	157	94	4	8	125
St. Francis Hospital [1-3]	Wichita, Kans.	C. T. Hagan	4,425	...	362	60	3	3	150
Wesley Hospital [1-3]	Wichita, Kans.	G. Corrigan	2,173	...	142	42	1	3	150
Good Samaritan Hospital [1]	Lexington, Ky.	J. S. ott	1,723	...	125	43	1	1	175
St. Joseph Hospital [1-3]	Lexington, Ky.	J. W. Scott	2,166	612	141	63	2	2	140
Louisville General Hospital [1-3]	Louisville	J. M. Kinsman	1,577	31,881	402	156	10	22	55
St. Joseph Infirmary [1]	Louisville	J. S. Llewellyn	3,083	454	231	63	1	3	150
Charity Hospital of Louisiana (Independent Unit [1-3]; Louisiana State University Unit [1-3]; Tulane University Unit [1-3])	New Orleans	J. O. Wellbaecher	1,835	20,725	253	70	4	8	25
	New Orleans	E. Hull	2,948	35,144	451	152	6	12	25
	New Orleans	G. E. Burch	3,416	34,574	462	170	6	12	25
Hotel Dieu, Sisters Hospital [1]	New Orleans	E. Matthews	2,758	...	210	51	2	4	100
Ochsner Foundation Hospital [1-3]	New Orleans	W. R. Arrowsmith	1,831	21,805	49	34	4	12	150
Southern Baptist Hospital [1]	New Orleans	R. C. Kelleher	4,354	...	211	44	1	3	...
Touro Infirmary [1-3]	New Orleans	W. R. Wirth	3,228	8,984	211	113	2	6	35
Shreveport Charity Hospital [1]	Shreveport, La.	M. D. Hargrove	3,630	43,305	325	143	3	7	60
Central Maine General Hospital	Lewiston, Me.	...	...	...	...	...	..	..	...
Maine General Hospital [1-3]	Portland, Maine	E. R. Blaisdell	1,976	8,992	167	52	4	12	100
Baltimore City Hospitals [1-3]	Baltimore	C. H. Boyd	1,329	4,028	295	157	3	7	85
Church Home and Hospital [1-3]	Baltimore	Z. R. Morgan	878	1,001	90	34	1	3	85
Franklin Square Hospital [1-3]	Baltimore	R. H. Siver	818	1,458	54	12	1	3	100
Hospital for Women [1-3]	Baltimore	W. Fort	599	4,229	34	12	..	2	50
Johns Hopkins Hospital [1-3,10]	Baltimore	A. M. Harvey	4,071	27,348	328	223	...	9	...
Lutheran Hospital [1-3]	Baltimore	L. A. M. Krause	1,245	498	125	70	2	5	95
Maryland General Hospital [1-3]	Baltimore	E. F. Cotter	1,081	364	131	45	2	3	100
Mercy Hospital [1-3]	Baltimore	H. R. Peters	1,287	6,589	162	76	2	5	125
Provident Hospital and Free Dispensary [1-3]	Baltimore	B. Parrott	514	671	120	18	2	3	125
St. Agnes Hospital [1-3]	Baltimore	L. P. Gundry	1,595	351	113	46	1	3	125
St. Joseph's Hospital [1-3]	Baltimore	F. J. Geraghty	1,270	1,862	186	62	2	3	125
Sinai Hospital of Baltimore [1-3]	Baltimore	M. Sherry	1,735	6,577	168	80	3	6	85
South Baltimore General Hospital [1-3]	Baltimore	G. McLean	745	1,417	93	38	2	3	125
Union Memorial Hospital [1-3]	Baltimore	W. A. Baetjer	1,887	2,071	228	107	4	6	40
University Hospital [1-3]	Baltimore	M. C. Pincoffs	1,463	12,376	231	120	4	10	25
Beverly Hospital [1-3]	Beverly, Mass.	A. E. Parkhurst	1,802	1,122	129	77	1	1	100
Beth Israel Hospital [1-3]	Boston	H. L. Blumgart	2,197	9,051	191	105	12	26	41
Boston City Hospital [1-3,22]	Boston	...	12,804	55,447	1,895	640	24	48	112
Carney Hospital [1-3]	Boston	N. A. Welch	873	2,688	81	25	1	2	100
Faulkner Hospital [1-3]	Boston	J. R. Graham	947	...	66	36	1	3	122
Lahey Clinic [1-3]	Boston	F. N. Allan	3,695	90,966	82	31	15	27	150
Massachusetts General Hospital [1-3]	Boston	W. Bauer	4,384	17,160	414	297	9	13	66.7
Massachusetts Memorial Hospital [1-3]	Boston	C. S. Keefer	1,932	15,721	142	78	4	7	50
New England Center Hospital [1-3,22]	Boston	S. Proger	4,553	...	83	54	..	19	50
New England Deaconess Hospital [1-3]	Boston	H. F. Root	2,615	...	71	48	5	6	150
Peter Bent Brigham Hospital [1-3]	Boston	G. W. Thorn	2,454	27,080	215	152	9	16	...
St. Elizabeth's Hospital	Boston	...	...	...	...	...	...	...	...
Cambridge City Hospital [1-3]	Cambridge, Mass.	E. J. Vogel	1,385	4,270	258	52	3	3	125
Mount Auburn Hospital [1-3]	Cambridge, Mass.	D. Hurwitz	1,223	3,217	134	52	1	3	75
Truesdale Hospital [1-3]	Fall River, Mass.	W. Mason	880	5,390	114	48	1	1	75
Lynn Hospital [1-3]	Lynn, Mass.	C. A. Palladino	1,869	1,439	276	41	1	1	150
Malden Hospital [1-3]	Malden, Mass.	E. G. Thorp	1,612	...	141	47	2	3	100
Newton-Wellesley Hospital [1-3]	Newton Lower Falls, Mass.	E. E. Kattwinkel	2,454	3,046	136	66	1	1	125

Numerical and other references will be found on page 363.

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8. INTERNAL MEDICINE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [2]	Total Residencies Offered [2]	Beginning Stipend (Month)
Salem Hospital [1-3]	Salem, Mass.	S. N. Gardner	1,580	186	187	52	1	1	100
Springfield Hospital [1-3]	Springfield, Mass.	O. J. Menard	1,985	6,985	237	88	3	6	50
Memorial Hospital [1-3]	Worcester, Mass.	E. Miller	2,264	970	147	62	1	2	150
St. Vincent Hospital [3]	Worcester, Mass.	J. T. Brosnan	2,058	...	177	48	1	2	166
Worcester City Hospital [1-3]	Worcester, Mass.	E. Budnitz	2,295	6,170	369	144	2	2	100
St. Joseph's Mercy Hospital [1-3]	Ann Arbor, Mich.	M. Marshall	2,290	11,977	155	66	4	7	...
University Hospital [1]	Ann Arbor, Mich.	C. C. Sturgis	3,703	133,815	224	164	8	29	134.16
Alexander Blain Hospital [1]	Detroit	J. W. Kingsley	1,323	11,500	36	6	1	4	250
City of Detroit Receiving Hospital [1-3]	Detroit	G. B. Myers	4,019	50,899	677	358	5	19	233.25
Detroit Memorial Hospital [1]	Detroit	W. J. Wilson, Jr.	3,137	961	...	...	1	3	225
Evangelical Deaconess Hospital [1-3]	Detroit	L. D. Stern	1,783	1,315	163	43	1	3	200
Florence Crittenton Hospital	Detroit	W. Cooksey	738	4	61	13	1	1	150
Grace Hospital [1-3]	Detroit	D. Myers	4,695	13,122	332	112	4	12	225
Harper Hospital [1]	Detroit	W. D. Mayer	3,353	17,653	309	122	4	8	205
Henry Ford Hospital [1-3]	Detroit	J. G. Mateer	5,979	122,341	270	160	18	61	225
Jennings Memorial Hospital [1]	Detroit	E. K. Carmichael	1,415	...	129	55	1	3	250
Mt. Carmel Mercy Hospital	Detroit	H. L. Smith	3,449	7,171	316	99	2	6	225
Providence Hospital [1]	Detroit	M. R. McQuiggan	1,969	...	245	117	1	3	225
St. Joseph's Mercy Hospital [1-3]	Detroit	E. D. Maire	1,767	489	111	43	1	3	175
Woman's Hospital [1-3]	Detroit	B. I. Johnstone	870	269	94	38	1	1	210
Wayne County General Hospital and Infirmary [1-3]	Eloise, Mich.	M. R. McQuiggan	3,066	6,106	592	195	4	12	209.66
Hurley Hospital [1-3]	Flint, Mich.	M. S. Chambers	3,308	...	289	77	2	6	300
Blodgett Memorial Hospital [1-3]	Grand Rapids, Mich.	R. L. Fitts	939	310	79	44	1	3	200
Butterworth Hospital [1-3]	Grand Rapids, Mich.	L. P. Ralph	1,506	1,433	182	76	1	3	125
St. Mary's Hospital [1]	Grand Rapids, Mich.	J. R. Brink	1,323	25	181	54	1	3	200
Highland Park General Hospital [1]	Highland Park, Mich.	J. K. Bell	1,165	...	40	15	1	3	217
Bronson Methodist Hospital [1-3]	Kalamazoo, Mich.	J. V. Fopeano	1,553	1,120	137	75	1	3	250
Edward W. Sparrow Hospital [1-3]	Lansing, Mich.	F. C. Swartz	1,836	3,424	142	87	1	2	225
St. Lawrence Hospital	Lansing, Mich.	F. C. Swartz	2,245	...	215	92	1	1	275
Pontiac General Hospital [1-3]	Pontiac, Mich.	D. S. Smith	2,388	...	142	66	1	3	225
Saginaw General Hospital [1-3]	Saginaw, Mich.	B. M. Bullington	1,779	635	122	59	1	3	300
St. Mary's Hospital [1-3]	Duluth, Minn.	D. W. Wheeler	1,997	...	150	90	1	1	200
Asbury Hospital [1-3]	Minneapolis	T. A. Peppard	2,639	...	133	61	1	1	150
Minneapolis General Hospital [1-3]	Minneapolis	T. Lowry	1,812	8,781	281	145	5	8	156
Mount Sinai Hospital	Minneapolis	.....	.....	.....	...	...	...	...	...
Northwestern Hospital [1-3]	Minneapolis	R. M. Wilder, Jr.	2,181	...	117	53	3	3	200
St. Barnabas Hospital [1-3]	Minneapolis	O. L. N. Nelson	1,646	...	167	102	1	2	175
University of Minnesota Hospital [1-3]	Minneapolis	C. J. Watson	1,316	26,484	131	104	3	9	142.50
Mayo Foundation [1-3]	Rochester, Minn.	...	...	...	...	46	140	150	
Ancker Hospital [1-3]	St. Paul, Minn.	J. E. Holt	1,630	11,793	257	169	2	8	156
Charles T. Miller Hospital [1-3]	St. Paul, Minn.	C. N. Hensel	2,066	9,739	76	37	..	3	115
St. Joseph's Hospital [1-3]	St. Paul, Minn.	J. M. Ryan	1,877	466	34	13	1	1	125
St. Louis County Hospital [1-3]	Clayton, Mo.	R. Muether	878	12,661	241	121	2	6	104
Kansas City General Hospital No. 1	Kansas City, Mo.	F. S. Morest	2,478	26,179	418	228	4	12	75
Menorah Hospital Medical Center [1-3]	Kansas City, Mo.	A. M. Ginsberg	6,336	...	113	56	2	3	150
Research Hospital [1-3]	Kansas City, Mo.	R. C. Davis	896	6,622	61	48	1	3	150
St. Joseph Hospital [1]	Kansas City, Mo.	T. R. Jones	3,315	...	165	80	1	3	150
St. Luke's Hospital [1-3]	Kansas City, Mo.	J. H. Dunclade	3,310	...	183	112	1	3	150
St. Mary's Hospital [1-3]	Kansas City, Mo.	H. M. Parker	2,045	...	137	77	2	2	125
Barnes Hospital [1-3]	St. Louis	W. R. Wood	4,635	46,670	291	225	9	31	75
De Paul Hospital [1-3]	St. Louis	J. D. Cassidy	2,293	1,737	259	78	1	3	150
Homer G. Phillips Hospital [1-3]	St. Louis	J. R. Smith	2,719	23,973	503	85	6	16	132.80
Jewish Hospital [1-3]	St. Louis	A. E. Strauss	3,537	10,690	258	110	3	6	100
Missouri Baptist Hospital [1-3]	St. Louis	J. L. Horner	2,637	...	188	59	2	4	150
Missouri Pacific Hospital [3]	St. Louis	R. B. Harrison	3,325	74,050	130	44	4	7	250
St. Anthony's Hospital [1-3]	St. Louis	R. V. Powell	1,474	...	116	39	1	1	150
St. John's Hospital [1-3]	St. Louis	C. H. Neilson	2,104	2,428	190	69	1	3	150
St. Louis City Hospital [1-3]	St. Louis	R. Glaser							
		W. Knight	3,999	11,659	569	237	12	24	132.80
St. Luke's Hospital [1-3]	St. Louis	P. O. Hantzmann	1,278	2,165	131	48	1	3	200
St. Mary's Group of Hospitals [1-3]	St. Louis	R. A. Kinsella, Sr.	3,798	23,427	247	131	5	15	65
Montana Deaconess Hospital [1-3]	Great Falls, Mont.	F. R. Schemm	1,690	...	76	54	2	6	200
Creighton Memorial St. Joseph's Hospital [1-3]	Omaha, Neb.	H. N. Xen	3,995	12,201	253	54	1	3	100
University of Nebraska Hospital [1-3, 72]	Omaha, Neb.	W. B. Moody	614	5,304	46	40	4	11	175
Mary Hitchcock Memorial Hospital [1-3]	Hanover, N. H.	S. M. Gunderson	3,943	17,414	122	105	5	15	171
Atlantic City Hospital [1-3]	Atlantic City, N. J.	D. W. Scanlan	1,384	4,305	235	59	1	3	150
Cooper Hospital [1-3]	Camden, N. J.	R. L. Sharp	1,598	2,125	244	84	1	1	83.33
Englewood Hospital [3]	Englewood, N. J.	W. W. Schmidt	1,606	1,170	154	48	1	1	150
Hackensack Hospital [1-3]	Hackensack, N. J.	T. W. Black	2,432	5,595	339	103	3	3	169
Jersey City Hospital [1-3]	Jersey City, N. J.	T. J. White	10,562	31,670	788	207	8	23	66.66
Monmouth Memorial Hospital [1-3]	Long Branch, N. J.	F. J. Altschul	1,748	4,890	251	71	2	3	200
Mountainside Hospital [1-3]	Montclair, N. J.	H. Halprin	2,420	4,547	239	104	1	3	100
Burlington County Hospital [1-3]	Mt. Holly, N. J.	S. S. MacNeal	1,310	230	67	33	1	1	100
Fitkin Memorial Hospital [1-3]	Neptune, N. J.	L. F. Albright	1,853	1,610	250	48	1	2	200
Newark Beth Israel Hospital [1-3]	Newark, N. J.	J. Skwirsky	1,852	11,158	227	73	1	2	...
Newark City Hospital [1-3]	Newark, N. J.	B. Saslow							
		J. Kaufman	3,746	...	671	103	3	6	125
St. Michael's Hospital [1-3]	Newark, N. J.	N. A. Antonius	2,266	8,136	266	87	3	3	110
St. Peter's General Hospital [3]	New Brunswick, N. J.	J. Rowland	1,199	751	185	59	1	1	150
Orange Memorial Hospital [1-3]	Orange, N. J.	C. H. Etheridge							
		D. W. Marquis	1,822	7,859	277	74	1	1	100
Paterson General Hospital [1-3]	Paterson, N. J.	J. E. Leach	1,628	...	237	80	2	2	75
Mercer Hospital [1-3]	Trenton, N. J.	J. F. Pessel	1,871	978	199	72	1	1	150
St. Francis Hospital [1-3]	Trenton, N. J.	P. Corrigan	3,615	2,887	238	56	2	2	210
Albany Hospital [1-3]	Albany, N. Y.	R. T. Beebe	2,502	4,826	256	154	2	5	110
Binghamton City Hospital [1-3]	Binghamton, N. Y.	C. S. Benson	3,144	...	265	99	2	6	137
Beth-El Hospital [1-3]	Brooklyn	I. Feder	803	14,565	82	9	2	4	100
Brooklyn Hospital [1-3]	Brooklyn	E. P. Maynard	2,017	16,312	186	90	4	8	75
Coney Island Hospital [1-3]	Brooklyn	M. Mensch	1,497	23,758	412	82	1	4	90
Cumberland Hospital [1-3]	Brooklyn	S. P. Bailey	2,673	25,195	352	54	3	5	90
Greenpoint Hospital [1-3]	Brooklyn	J. N. Cohen	1,820	23,623	410	61	2	3	90
Jewish Hospital [1-3]	Brooklyn	L. Loewe	1,983	30,717	246	64	4	6	50
Jewish Sanitarium and Hospital for Chronic Diseases [1-3]	Brooklyn	C. Solomon	633	...	143	35	3	9	175
Kings County Hospital [1-3]	Brooklyn	A. Fankhauser							
		P. Long	16,379	31,543	2,552	438	10	22	90
Long Island College Hospital [1-3]	Brooklyn	J. H. Crawford	2,067	4,979	198	47	3	5	25
Maimonides Hospital [1-3]	Brooklyn	E. B. Schoenbach	1,706	22,277	207	46	..	6	35

Numerical and other references will be found on page 363.

8. INTERNAL MEDICINE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [4]	Total Residencies Offered [4]	Beginning Stipend (Months)
Methodist Hospital [1-3]	Brooklyn	A. T. Mays I. L. Cabot	1,726	5,800	178	59	2	5	75
Norwegian Lutheran Deaconesses' Home and Hospital [1-3]	Brooklyn	A. Andersen	1,046	858	104	44	1	1	75
St. Catherine's Hospital [1-3]	Brooklyn	M. A. Murphy V. Anello	1,456	3,360	173	64	2	4	75
St. John's Episcopal Hospital [1-3]	Brooklyn	R. B. Eckerson	1,543	3,847	85	22	1	1	115
St. Mary's Hospital [1-3]	Brooklyn	V. Annunziata	842	1,550	117	25	1	2	175
Wyckoff Heights Hospital [1-3]	Brooklyn	J. C. Indelicato	1,083	2,181	193	40	1	3	100
Buffalo General Hospital [1-3]	Buffalo	J. H. Talbott	2,946	15,971	298	157	..	8	125
Deaconess Hospital [1-3]	Buffalo	M. S. Howland, Jr.	2,175	1,258	225	47	2	6	150
Edward J. Meyer Memorial Hospital [1-3]	Buffalo	D. K. Miller	3,615	17,704	490	170	5	15	179
Emergency Hospital of the Sisters of Charity [1-3]	Buffalo	D. Brumberg	1,051	5,758	170	45	2	2	175
Millard Fillmore Hospital [1-3]	Buffalo	J. F. Painton	2,678	...	292	117	2	5	150
Sisters of Charity Hospital	Buffalo	...	...	...	...	...	..	..	...
Clifton Springs Sanitarium and Clinic [1-3]	Clifton Springs, N. Y.	B. A. Watson	2,297	5,131	67	36	1	3	100
Mary Imogene Bassett Hospital [1-3]	Cooperstown, N. Y.	J. Bordley, III	818	3,781	66	47	1	2	83.33
Flushing Hospital and Dispensary [1-3]	Flushing, N. Y.	A. L. Levy	1,772	6,055	224	57	1	3	125
Meadowbrook Hospital [1-3]	Hempstead, N. Y.	E. C. Jessip B. R. Allison	895	...	222	97	4	8	200
Cornell University Infirmary [1-3]	Ithaca, N. Y.	N. S. Moore	1,339	1,543	...	...	2	2	200
Tompkins County Memorial Hospital [1-3]	Ithaca, N. Y.	M. Mann	1,316	...	122	78	2	2	208.33
Mary Immaculate Hospital [1-3]	Jamaica, N. Y.	F. R. Mazzola	1,321	1,137	202	53	1	2	110
Queens General Hospital [1-3]	Jamaica, N. Y.	J. R. Redling	5,000	32,613	1,263	418	7	10	90
Charles S. Wilson Memorial Hospital [1-3]	Johnson City, N. Y.	J. C. Zillhardt	3,049	...	239	80	3	6	200
Mount Vernon Hospital [3]	Mount Vernon, N. Y.	P. Reznikoff	1,026	1,872	173	71	1	2	125
New Rochelle Hospital [3]	New Rochelle, N. Y.	W. C. Meredith	2,272	5,090	187	65	1	3	125
Bellevue Hospital Center									
Division I—Columbia University [1-3]	New York City	D. W. Richards, Jr.	2,108	23,074	275	70	6	11	90
Division II—Cornell University [1-3]	New York City	E. H. Luckey	2,683	25,978	217	62	4	9	90
Division III—New York University College of Medicine [1-3]	New York City	W. S. Tillett	2,788	32,238	312	85	13	16	90
Division IV—New York University Post-Graduate Medical School [1-3,10]	New York City	C. F. Wilkinson	1,995	30,355	280	79	9	27	80
Beth David Hospital [1-3]	New York City	H. A. Solomon	895	1,883	112	26	1	1	125
Beth Israel Hospital [1-3,13]	New York City	A. M. Fishberg	1,593	8,406	144	57	4	4	60
Bronx Hospital [1-3]	New York City	H. Wessler	1,874	15,514	153	79	2	6	50
Flower and Fifth Avenue Hospitals [1-3]	New York City	L. J. Boyd	1,178	3,978	66	14	3	4	...
Fordham Hospital [1-3]	New York City	B. Pasquarelli	4,002	35,332	339	107	9	11	90
Frances Delafield Hospital	New York City	...	...	...	...	...	..	..	...
French Hospital [1-3]	New York City	H. J. McNeile	1,183	13,991	22	7	1	3	40
Goldwater Memorial Hospital [1-3]	New York City	R. D. Beck M. Rosenblith	1,843	1,407	381	93	10	34	90
Gouverneur Hospital [1-3]	New York City	T. Sanders	830	19,604	271	19	4	6	90
Harlem Hospital [1-3]	New York City	A. Altschul	3,493	62,165	607	94	6	14	90
Hospital for Joint Diseases [1-3]	New York City	M. Dinkelspiel	856	16,511	55	18	1	3	60
Hospital for Special Surgery [1-3]	New York City	R. H. Freyberg	401	6,671	16	6	3	3	100
Jewish Memorial Hospital [3]	New York City	D. Greenberg M. A. Miller	1,352	11,052	124	29	1	1	100
Knickerbocker Hospital [1-3]	New York City	S. Johnson	2,607	6,126	198	53	1	3	110
Lebanon Hospital [1-3]	New York City	D. Greenberg A. S. Blumgarten	1,510	...	161	38	1	1	100
Lenox Hill Hospital [1-3]	New York City	C. E. de la Chapelle E. A. Lawrence	1,709	7,709	139	48	2	2	50
Lincoln Hospital [1-3]	New York City	S. Johnson	2,997	54,992	600	52	4	12	60
Memorial Center for Cancer and Allied Diseases [1-3]	New York City	R. W. Rawson L. F. Craver	735	30,434	119	49	12	24	90
Metropolitan Hospital [1-3]	New York City	J. Boyd	4,993	40,180	610	88	6	9	90
Montefiore Hospital [1-3,14]	New York City	L. Leiter	1,986	6,051	206	88	12	20	60
Morrisania City Hospital [1-3]	New York City	S. Bilson E. Flood	3,990	9,967	913	123	8	13	80
Mount Sinai Hospital [1-3]	New York City	I. Snapper A. B. Gutman	5,286	72,276	363	177	16	20	50
New York City Hospital [1-3]	New York City	C. Reich J. H. Hodas	3,651	13,788	492	133	2	4	90
New York Hospital [1-3]	New York City	D. P. Barr	3,120	45,149	154	100	14	18	25
New York Infirmary [1-3]	New York City	M. Manter	352	2,138	8	4	1	1	100
New York Polyclinic Medical School and Hospital [1-3]	New York City	J. Carroll	1,446	6,857	101	36	1	2	75
New York University-Bellevue Medical Center (See also Bellevue Hospital Center, Divisions III and IV; Goldwater Memorial Hospital)	New York City	C. F. Wilkinson	1,620	23,150	106	30	3	5	80
Presbyterian Hospital [1-3]	New York City	R. F. Loeb	7,098	34,687	296	134	12	20	208.33
Roosevelt Hospital [1-3]	New York City	H. F. Shattuck J. M. Fresten	2,760	7,881	228	97	6	12	...
St. Barnabas Hospital for Chronic Diseases [1-3]	New York City	R. Wegria	731	2,706	80	37	2	3	100
St. Clare's Hospital [1-3]	New York City	J. P. Crane	1,963	13,911	169	51	1	3	50
St. Francis Hospital [1-3]	New York City	C. G. Herbermann	1,417	3,646	160	35	2	2	125
St. Luke's Hospital [1-3]	New York City	J. H. Keating	3,108	13,439	236	118	6	14	60
St. Vincent's Hospital [1-3]	New York City	O. La Rotonda	3,426	19,809	437	209	8	15	50
Sydenham Hospital [1-3]	New York City	E. Appleheimer	748	3,983	81	15	3	4	85
United Hospital [1-3]	Port Chester, N. Y.	E. Schwartz	1,374	1,040	132	33	1	1	150
Genesee Hospital [1-3]	Rochester, N. Y.	C. Boller	1,599	7,027	170	104	1	5	70
Highland Hospital [1-3]	Rochester, N. Y.	E. R. Noble	1,598	...	147	80	2	4	100
Rochester General Hospital [1-3]	Rochester, N. Y.	L. Pulsifer	2,566	6,820	276	150	3	9	100
St. Mary's Hospital [1-3]	Rochester, N. Y.	L. F. La Palm	2,807	5,959	393	107	4	6	175
Strong Memorial-Rochester Municipal Hospitals [1-3]	Rochester, N. Y.	W. S. McCann	4,473	21,328	434	304	7	15	41.66
Ellis Hospital [1-3]	Schenectady, N. Y.	H. E. Reynolds	3,134	...	300	118	1	3	100
St. Vincent's Hospital [3]	Staten Island, N. Y.	H. A. Cochrane	1,633	940	204	52	1	1	150
Staten Island Hospital [1-3]	Staten Island, N. Y.	J. J. Silverman	1,475	1,383	91	43	1	1	200
State University of New York Medical Center [1-3,15]	Syracuse, N. Y.	R. H. Lyons	4,256	20,019	523	302	7	28	125
Grasslands Hospital [1-3]	Valhalla, N. Y.	R. R. Heffner	882	10,080	202	104	1	5	125
White Plains Hospital [1-3]	White Plains, N. Y.	E. W. Weber	1,430	1,153	115	42	1	2	125
Charlotte Memorial Hospital [1-3]	Charlotte, N. C.	J. M. Alexander	2,058	4,746	100	63	1	2	150
Duke Hospital [1-3]	Durham, N. C.	E. A. Stead, Jr.	2,441	19,321	185	132	17	28	41.66
Watts Hospital [1]	Durham, N. C.	I. H. Manning, Jr.	2,618	11,820	117	52	2	5	75
Rex Hospital [1-3]	Raleigh, N. C.	W. B. Dewar	3,120	6,520	190	34	1	1	200

Numerical and other references will be found on page 363.

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8. INTERNAL MEDICINE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [4]	Total Residencies Offered [4]	Beginning Stipend (Month)
James Walker Memorial Hospital [1-3]	Wilmington, N. C.	D. R. Murchison	2,679	...	161	40	1	1	150
City Memorial Hospital [1-3]	Winston-Salem, N. C.	A. J. Crutchfield	1,761	4,265	139	50	1	3	200
Kate Bitting Reynolds Memorial Hospital [1]	Winston-Salem, N. C.	E. L. Davis	1,803	6,564	141	35	1	3	150
North Carolina Baptist Hospital [1]	Winston-Salem, N. C.	G. T. Harrell, Jr.	2,019	10,104	120	52	4	7	41.66
Bismarck Hospital [2]	Bismarck, N. D.	C. H. Peters	1,462	63,040	61	27	1	1	...
St. Luke's Hospital	Fargo, N. D.	W. E. G. Lancaster	1,248	...	98	42	1	1	200
City Hospital [1-3]	Akron, Ohio	T. L. Bliss	4,758	9,722	480	128	3	6	200
Peoples Hospital [1]	Akron, Ohio	R. F. Jokes	1,999	5,400	136	78	2	4	225
St. Thomas Hospital [1-3]	Akron, Ohio	R. B. Smith	2,304	3,338	169	39	1	2	200
Aultman Hospital [1-3]	Canton, Ohio	M. G. Herbst	2,776	488	232	103	2	4	125
Mercy Hospital [1-3]	Canton, Ohio	I. B. Hamilton	2,569	424	201	58	1	3	200
Christ Hospital [1]	Cincinnati	W. O. Ramey	1,277	7,730	168	69	1	3	200
Cincinnati General Hospital [1-3,11,16]	Cincinnati	M. L. Blankenhorn	2,263	27,355	516	254	29	35	...
Deaconess Hospital [1-3]	Cincinnati	L. B. Owens	3,491	...	128	43	2	2	150
Good Samaritan Hospital [1-3]	Cincinnati	W. Vester	2,844	...	238	105	1	3	155
Jewish Hospital [1-3]	Cincinnati	R. C. Rothenberg	2,489	5,695	271	131	5	8	120
City Hospital [1-3]	Cleveland	R. W. Scott	2,203	28,777	572	238	10	18	84
Cleveland Clinic Hospital [1-3]	Cleveland	A. C. Ernstene	1,548	42,155	107	58	12	29	150
Fairview Park Hospital [1-3]	Cleveland	H. E. Christman	1,312	821	134	34	2	2	100
Lutheran Hospital [1-3]	Cleveland	M. August	1,552	...	114	49	1	3	102.50
Mount Sinai Hospital [1-3]	Cleveland	I. L. Siegel	2,087	14,318	230	79	6	12	215
St. Alexis Hospital [1-3]	Cleveland	J. Slowey	3,030	3,320	250	82	1	2	150
St. John's Hospital [1-3]	Cleveland	W. J. Fornes	1,578	921	177	38	2	4	135
St. Luke's Hospital [1-3]	Cleveland	A. D. Nichol	3,045	11,270	290	120	4	7	100
St. Vincent Charity Hospital [1]	Cleveland	C. S. Stone	1,011	14,654	118	21	2	6	100
University Hospitals [1-3]	Cleveland	J. T. Wearn	2,499	28,476	355	208	16	28	25
Mount Carmel Hospital [1-3]	Columbus, Ohio	P. T. Knies	1,705	572	136	47	2	5	225
University Hospitals									
Ohio State University Hospital [1-3]	Columbus, Ohio	B. K. Wiseman	1,439	29,402	158	108	8	19	125
St. Francis Hospital [1-3]	Columbus, Ohio	B. K. Wiseman	1,073	...	186	101	2	2	...
White Cross Hospital [1-3]	Columbus, Ohio	R. W. Kissane	1,678	...	74	34	1	2	275
Miami Valley Hospital [1-3]	Dayton, Ohio	H. King	2,653	2,188	334	142	1	3	125
Huron Road Hospital [1-3]	East Cleveland, Ohio	E. A. Marshall	1,288	1,951	154	71	2	3	210
Marymount Hospital	Garfield Heights, Ohio	...	...	...	...	...	...	...	...
Lakewood Hospital [1-3]	Lakewood, Ohio	J. T. Ledman	1,132	1,590	148	52	1	2	110
St. Rita's Hospital [1-3]	Lima, Ohio	F. G. Maurer	742	...	90	35	1	3	175
Maumee Valley Hospital [1-3]	Toledo, Ohio	A. A. Applebaum	979	4,444	188	59	1	3	210
Mercy Hospital [1-3]	Toledo, Ohio	G. W. Bascom	1,307	1,698	106	64	1	1	150
St. Vincent's Hospital [1-3]	Toledo, Ohio	M. A. Schultker	2,045	...	245	67	5	5	200
Toledo Hospital [1-3]	Toledo, Ohio	C. S. Mundy	1,571	653	170	60	1	3	200
St. Elizabeth's Hospital [1-3]	Youngstown, Ohio	J. N. McCann	1,694	972	37	16	1	2	225
Youngstown Hospital [1-3,22]	Youngstown, Ohio	W. H. Bunn	6,918	1,482	459	219	3	9	125
St. Anthony Hospital	Oklahoma City	P. M. McNeill	2,476	1,119	230	79	2	2	150
University Hospitals [1-3]	Oklahoma City	R. Q. Goodwin	1,121	16,102	112	45	2	5	75
Wesley Hospital [1-3]	Oklahoma City	W. W. Rucks, Jr.	2,250	5,321	113	52	1	1	150
Hillcrest Memorial Hospital [1-3]	Tulsa, Okla	W. J. Bryan, Jr.	1,907	...	134	53	1	3	150
St. John's Hospital [1]	Tulsa, Okla	H. A. Ruprecht	3,126	...	197	57	1	3	150
Emanuel Hospital [1-3]	Portland, Ore.	D. K. Taylor	2,604	...	234	94	1	3	85
Good Samaritan Hospital [1-3]	Portland, Ore.	F. J. Underwood	5,055	...	266	146	1	1	85
Providence Hospital [1-3]	Portland, Ore.	E. Ostrood	2,466	...	...	...	1	3	85
St. Vincent's Hospital [1-3]	Portland, Ore.	G. Prewitt	3,361	...	266	133	1	3	150
University of Oregon Medical School Hospitals and Clinics [1-3]	Portland, Ore.	H. P. Lewis	2,072	25,716	334	211	2	6	85
Abington Memorial Hospital [1-3]	Abington, Pa.	J. T. Beardwood, Jr.	1,791	2,809	199	71	1	2	100
Allentown Hospital [2]	Allentown, Pa.	C. H. Kelchner	2,286	3,208	335	125	1	1	150
Sacred Heart Hospital [1-3]	Allentown, Pa.	W. Tubbs	3,196	9,132	267	75	1	2	225
St. Luke's Hospital [1-3]	Bethlehem, Pa.	L. I. Fisher	2,409	1,682	239	87	1	2	100
Bryn Mawr Hospital [1-3]	Bryn Mawr, Pa.	W. W. Dyer	1,440	950	127	79	2	2	100
George F. Geisinger Memorial Hospital [1-3]	Danville, Pa.	W. J. Stainsby	2,282	11,735	125	57	3	7	100
Easton Hospital [1-3]	Easton, Pa.	J. Kincov	3,247	4,598	226	87	...	1	200
Hamot Hospital [1-3]	Erie, Pa.	G. F. Storey	2,960	2,854	270	79	1	1	175
Westmoreland Hospital [1]	Greensburg, Pa.	E. Hightberger	1,346	...	145	28	...	...	100
Harrisburg Hospital [1-3]	Harrisburg, Pa.	F. F. D. Reckord	2,190	5,856	271	86	1	2	100
Harrisburg Polyclinic Hospital [1]	Harrisburg, Pa.	A. W. Cowley	2,162	2,228	303	75	1	3	250
Albert Einstein Medical Center									
Northern Division [1-3]	Philadelphia	J. C. Doane	2,581	12,154	242	89	3	6	75
Southern Division [1-3]	Philadelphia	A. I. Rubenstone							
		T. H. Mendell	2,050	14,511	166	121	4	4	75
Episcopal Hospital [1]	Philadelphia	S. R. Vogel							
		L. A. Soloff	1,378	5,471	192	58	6	6	50
Germantown Dispensary and Hospital [1-3]	Philadelphia	R. W. Mays	1,803	6,132	234	71	1	3	150
Graduate Hospital of the University of Pennsylvania [1-3]	Philadelphia	H. L. Bockus	1,199	6,685	74	38	2	4	...
Hahnemann Medical College and Hospital [1-3]	Philadelphia	C. L. Brown	2,350	25,486	285	114	2	6	50
Hospital of the University of Pennsylvania [1-3]	Philadelphia	F. Wood	1,534	11,061	230	156	..	35	...
Hospital of the Woman's Medical College of Pennsylvania [1-3,17]	Philadelphia	W. J. Leaman, Jr.	874	1,892	50	24	1	2	60
Jefferson Medical College Hospital [1]	Philadelphia	M. E. Rehfuss	3,175	37,647	250	140	..	..	...
Lankenau Hospital [1]	Philadelphia	E. L. Bortz							
		F. L. Hartmann	1,856	1,235	177	47	1	2	50
Methodist Episcopal Hospital [1-3]	Philadelphia	H. R. Keeler							
		H. F. Robertson	923	...	95	29	1	1	150
Pennsylvania Hospital [1-3]	Philadelphia	G. G. Duncan	2,311	5,997	276	150	7	9	70
Philadelphia General Hospital [1-3,12]	Philadelphia	D. N. Kremer	5,049	26,692	1,230	584	5	15	112
Presbyterian Hospital [1]	Philadelphia	T. Klein							
		J. T. Beardwood	1,988	14,891	169	97	1	3	25
Temple University Hospital [1-3]	Philadelphia	R. A. Kern	2,808	18,017	221	89	4	12	...
Woman's Hospital [1]	Philadelphia	M. Easby							
		I. M. Ralph	931	4,174	47	19	1	3	100
Allegheny General Hospital [1-3]	Pittsburgh	C. W. W. Elkin	445	4,931	23	8	..	2	150
Elizabeth Steel Magee Hospital [1-3]	Pittsburgh	J. D. Heard	1,404	1,020	100	25	1	3	41.66
Mercy Hospital [1-3]	Pittsburgh	W. W. G. Maclachlan	1,700	4,928	71	9	1	3	150
Montefiore Hospital [1-3]	Pittsburgh	Y. D. Koskoff	1,754	3,635	170	91	2	7	50
Presbyterian Hospital [1]	Pittsburgh	A. H. Culwell	1,690	5,638	97	40	3	9	41.66
St. Francis Hospital [1]	Pittsburgh	A. P. D'Zmura	2,080	4,726	214	35	1	3	150
St. Margaret Memorial Hospital [1-3]	Pittsburgh	H. M. Margolis	591	1,300	38	13	1	1	175
Western Pennsylvania Hospital [1-3]	Pittsburgh	F. A. Evans	2,816	4,050	314	54	2	6	100
Reading Hospital [1]	Reading, Pa.	J. R. Spannuth	3,280	5,727	286	129	2	4	125
St. Joseph's Hospital [1]	Reading, Pa.	M. Wasserweig	1,608	783	177	81	1	1	250
Robert Packer Hospital [1-3]	Sayre, Pa.	S. D. Conklin	3,691	14,799	128	64	3	7	150
Scranton State Hospital [1]	Scranton, Pa.	F. W. Stevens	1,526	2,874	206	80	1	1	300

Numerical and other references will be found on page 363.

8. INTERNAL MEDICINE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
Wilkes-Barre General Hospital [1-8]	Wilkes-Barre, Pa.	G. E. Baker	2,816	2,002	224	39	1	1	150
York Hospital [1-8]	York, Pa.	H. B. Thomas	1,538	1,402	259	86	1	1	200
Rhode Island Hospital [1-3]	Providence, R. I.	M. N. Fulton	2,898	14,496	456	213	2	4	60
Roper Hospital [1-3]	Charleston, S. C.	V. Moseley	2,520	6,629	164	50	4	8	50
Columbia Hospital [1-3]	Columbia, S. C.	A. I. Josey	3,479	...	274	55	1	2	125
Baroness Erlanger Hospital [1-3]	Chattanooga, Tenn.	P. H. Livingston	3,989	6,799	330	173	3	6	100
Knoxville General Hospital [1-3]	Knoxville, Tenn.	R. B. Wood	1,398	3,932	207	69	1	1	75
St. Mary's Hospital	Knoxville, Tenn.	.....	...	...	...	...	..	..	...
Baptist Memorial Hospital [1-3]	Memphis	W. W. Taylor	3,697	1,632	169	43	2	3	75
John Gaston Hospital [1-3]	Memphis	C. H. Sanford	2,867	27,787	678	209	4	11	35
St. Joseph Hospital [1-3]	Memphis	S. Blackwell	3,088	464	215	45	1	3	100
George W. Hubbard Hospital of Meharry Medical College [1-3]	Nashville, Tenn.	F. T. Billings	914	4,236	142	68	2	4	125
Nashville General Hospital [1]	Nashville, Tenn.	F. Frist	1,240	11,208	146	39	2	5	100
St. Thomas Hospital	Nashville, Tenn.	W. R. Cate	1,487	...	160	66	2	7	300
Vanderbilt University Hospital [1-3]	Nashville, Tenn.	H. J. Morgan	3,398	23,579	190	80	..	..	50
Baylor University Hospital [1-3]	Dallas, Texas	H. M. Winans	3,839	2,801	305	86	1	3	75
Methodist Hospital [1-3]	Dallas, Texas	H. Donald	1,864	1,103	161	39	2	4	100
Parkland Hospital [1-3,37]	Dallas, Texas	T. W. Farmer	1,084	15,987	241	120	5	8	50
St. Paul's Hospital [1-3]	Dallas, Texas	T. M. Kirksey	2,276	4,086	179	46	2	4	100
Harris Hospital [1-3]	Fort Worth, Texas	F. Halpin	2,913	906	134	46	1	2	125
University of Texas Medical Branch Hosp. [1-3,39]	Galveston, Texas	C. T. Stone, Sr.	2,035	28,031	245	153	4	12	50
Hermann Hospital [1-3]	Houston, Texas	J. A. Gross	1,724	5,511	310	101	3	9	75
Jefferson Davis Hospital [1-3]	Houston, Texas	J. A. Greene	1,653	48,053	371	89	5	13	25
M. D. Anderson Hosp. for Cancer Research [1-3]	Houston, Texas	C. Howe	586	10,029	15	14	1	4	150
Methodist Hospital [1-3]	Houston, Texas	B. J. Cummings, Jr.	1,314	506	76	36	2	4	75
Southern Pacific Hospital	Houston, Texas	M. D. Levy	1,769	17,739	12	8	1	2	125
Robert B. Green Memorial Hospital [1]	San Antonio, Texas	W. W. Bondurant	762	9,571	110	45	1	2	100
Santa Rosa Hospital [1]	San Antonio, Texas	M. M. Minter	4,601	18,391	378	88	2	2	150
Scott and White Memorial Hospital [1-3]	Temple, Texas	V. M. Longmire	2,203	28,015	85	43	8	24	200
Wichita Falls Clinic-Hospital	Wichita Falls, Texas	O. B. Kiel	2,414	50,184	30	9	1	1	300
Thomas D. Dee Memorial Hospital [1-3]	Ogden, Utah	D. M. Petersen	1,385	572	176	44	1	2	200
Dr. W. H. Groves Latter-Day Saints Hosp. [1-3]	Salt Lake City	C. O. Rich	3,765	4,388	267	97	1	3	160
Holy Cross Hospital [1-3]	Salt Lake City	F. W. Clausen	1,152	...	...	...	1	3	175
Salt Lake County General Hospital [1-3]	Salt Lake City	M. Wintrobe	794	4,285	136	73	6	12	100
Bishop Bedford Memorial Hospital [1-3]	Burlington, Vt.	C. M. Terrien	1,784	2,255	161	83	1	2	100
Mary Fletcher Hospital [1-3]	Burlington, Vt.	E. L. Amidon	1,775	6 8	74	43	2	5	110
University of Virginia Hospital [1-3]	Charlottesville, Va.	W. Parson	2,994	11,937	163	76	6	18	50
Chesapeake and Ohio Hospital [1-3]	Clifton Forge, Va.	J. R. Beckwith	2,157	8,236	143	45	1	4	150
Riverside Hospital [1-3]	Newport News, Va.	W. A. Read	2,089	...	92	30	1	1	175
De Paul Hospital [1-3]	Norfolk, Va.	M. S. Fitchett							
		W. B. Martin	2,435	2,029	155	84	1	3	200
Norfolk General Hospital [1-3]	Norfolk, Va.	J. F. Waddill	2,081	...	194	94	4	7	125
Johnston-Willis Hospital [1-3]	Richmond, Va.	J. M. Hutcheson	2,554		137	63	1	2	200
Medical Colle e of Virginia—Hospital Div. [1-3]	Richmond, Va.	W. B. Porter	3,771	9,736	417	147	7	11	50
Jefferson Hospital [3]	Roanoke, Va.	G. B. Lawson	1,2 8	4,366	88	31	1	1	175
Lewis Gale Hospital	Roanoke, Va.	C. D. Nofsinger	1,293	14,831	85	29	3	3	200
Doctors Hospital [3]	Seattle, Wash.	J. D. Collins	2,111	...	138	71	2	2	125
King County Hosp., Unit No. 1 (Harborview) [1-3]	Seattle, Wash.	R. H. Williams	1,463	14,149	364	209	5	10	100
Providence Hospital [1-3]	Seattle, Wash.	R. F. Foster	2,980	1,367	160	78	2	3	110
Swedish Hospital [1]	Seattle, Wash.	K. M. Soderstrom	2,5 9	...	150	72	1	2	160
Virginia Mason Hospital [1-3]	Seattle, Wash.	R. L. King	3,687	16,771	144	67	2	7	160
Deaconess Hospital [1-3]	Spokane, Wash.	W. J. Hunzicker	2,293	...	153	62	1	2	150
St. Luke's Hospital [1-3]	Spokane, Wash.	H. Sipes	1,876	...	132	70	2	3	150
Northern Permanente Hospital [1-3]	Vancouver, Wash.	E. Saward	315	20,515	27	18	1	1	300
Charleston General Hospital [1]	Charleston, W. Va.	W. A. Thornhill, Jr.	2,468	1,834	111	43	2	5	125
Chesapeake and Ohio Hospital [1-3]	Huntington, W. Va.	W. E. Bray	2,107	15,305	69	37	4	5	150
St. Mary's Hospital [1-3]	Huntington, W. Va.	W. E. Vest	2,679	9,403	75	41	1	1	125
La Crosse Lutheran Hospital [1-3]	La Crosse, Wis.	T. E. Gundersen	2,460	...	119	62	1	1	250
Madison General Hospital [1-3]	Madison, Wis.	H. L. Hummer	1,311	...	118	27	1	3	150
St. Mary's Hospital [1-3]	Madison, Wis.	R. Allin	1,462	...	115	48	1	3	150
University Hospitals									
State of Wisconsin General Hospital [1-3]	Madison, Wis.	O. O. Meyer	3,256	18,286	132	94	5	15	50
St. Joseph's Hospital [1]	Marshfield, Wis.	K. H. Doerr e	1,506	500	87	34	1	3	200
Columbia Hospital [1-3]	Milwaukee	E. W. Mason	932	...	83	47	1	3	125
Milwaukee County Hospital [1]	Milwaukee	J. Shaiken	6,312	17,483	722	217	5	16	100-60
Milwaukee Hospital [1-3]	Milwaukee	E. Daniels	1,052	...	99	54	1	3	135
Mt. Sinai Hospital [1]	Milwaukee	R. A. Frisch	1,299	5,515	144	52	1	3	200
St. Joseph's Hospital	Milwaukee	S. Rosenthal	3,061	...	240	100	1	3	110
Gorgas Hospital [3]	Ancon, C. Z.	G. M. Stevenson	4,354	18,403	142	79	2	6	...
Queens Hospital [1]	Honolulu, T. H.	H. L. Arnold, Sr.	3,319	16,117	227	109	4	7	110
San Juan City Hospital [1-3]	San Juan, P. R.	R. Diaz Rivera	1,252	19,522	147	71	2	5	150

9. MALIGNANT DISEASES

The following services are approved by the Council on Medical Education and Hospitals. Hospitals, 15; Assistant Residencies and Residencies, 44

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
FEDERAL									
VETERANS ADMINISTRATION									
Veterans Admin. Hospital [1]	Hines, Ill.	T. H. Clark	1,810	...	295	170	2	2	...
NONFEDERAL									
Presbyterian Hospital—Olmsted Memorial [8]	Los Angeles	C. H. Weaver	...	984	81	38	1	1	160
Collis P. and Howard Huntington Memorial Hospital [1-3]	Pasadena, Calif.	G. S. Sharp	546	...	57	32	1	1	150
Michael Reese Hospital [1-3]	Chicago	E. Uhlmann	856	4,186	125	46	1	3	50
Westfield State Sanatorium [1-3]	Westfield, Mass.	F. S. Hopkins	719	7,278	65	37	2	3	130
Ellis Fischel State Cancer Hospital [1-3]	Columbia, Mo.	H. Schwarz, II	1,580	8,813	36	25	..	7	100
Barnard Free Skin and Cancer Hospital [1-3]	St. Louis	C. F. Sherwin A. N. Arneson	825	20,103	16	10	4	4	125
Roswell Park Memorial Institute [1-3]	Buffalo		2,454	47,465	73	78	..	6	244

Numerical and other references will be found on page 383.

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9. MALIGNANT DISEASES—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend ($/month)
Meadowbrook Hospital [1-3]	Hempstead, N. Y.	N. Treves	592	6,180	157	73	1	2	...
Memorial Center for Cancer and Allied Diseases [1-3]	New York City		...	...	..	..	..	..	...
Metropolitan Hospital [1-3]	New York City		...	...	..	..	..	..	...
Montefiore Hospital [1-3]	New York City	D. Laszlo	959	5,071	381	150	6	7	60
American Oncologic Hospital [1-3]	Philadelphia	J. W. Bransfield; S. G. Castigliano	941	9,522	31	16	..	4	200
Jeanes Hospital [1-3]	Philadelphia	A. E. Bothe	2,054	8,955	88	30	2	2	150
M. D. Anderson Hospital for Cancer Research [1-3]	Houston, Texas	R. L. Clark, Jr.; G. Fletcher	1,598	27,327	63	59	2	2	150

10. NEUROLOGICAL SURGERY

The following services are approved by the Council and the American Board of Neurological Surgery. Hospitals, 94; Assistant Residencies and Residencies, 241

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend ($/month)
FEDERAL										
UNITED STATES ARMY										
Letterman Army Hospital	San Francisco		...	...	..	..	..	..	..	...
Army Medical Center [42]	Washington, D. C.		...	...	..	..	..	..	2	...
VETERANS ADMINISTRATION										
Veterans Admin. Hospital [1-3]	Long Beach, Calif.	J. D. French	677	338	10	9	3	3	3	...
Veterans Admin. Hospital [1-3]	Los Angeles	W. E. Stern	389	452	14	11	1	2	1	...
Veterans Admin. Hospital [1]	San Francisco	O. W. Jones	337	419	18	15	1	3	3	...
Veterans Admin. Hospital [1]	Hines, Ill.	L. Davis	923	...	47	31	3	3	3	...
Veterans Admin. Hospital [1-3]	Wadsworth, Kan.	F. A. Carmichael, Jr.	337	...	9	7	1	2	2	...
Veterans Admin. Hospital [1-3]	Louisville, Ky.	E. Grantham	323	549	17	9	1	1	1	...
Veterans Admin. Hospital [1-3]	Framingham, Mass.	J. H. Drew	316	756	30	21	1	2	2	...
Veterans Admin. Hospital [1-3]	Minneapolis	L. A. French	307	77	16	15	2	2	3	...
Veterans Admin. Hospital [1-3]	New York City	P. K. Sauer	371	40	19	13	1	4	3	...
Veterans Admin. Hospital [1-3]	Cleveland	A. Grino	342	280	19	9	1	1	1	...
Veterans Admin. Hospital [1]	Memphis	N. Gotten	647	20	27	17	2	3	1	...
Veterans Admin. Hospital [1,72]	White River Junction, Vt.	H. L. Heyl	581	923	17	15	1	2	2	...
Veterans Admin. Hospital [1]	Richmond, Va.	J. L. Ulmer	358	315	19	17	1	3	2	...
NONFEDERAL										
Jefferson-Hillman Hospital [1-3]	Birmingham, Ala.	G. Galbraith	637	429	61	34	1	3	1	50
Cedars of Lebanon Hospital [1-3]	Los Angeles	T. Putnam	398	564	19	7	1	1	1	100
Los Angeles County Hospital [1-3]	Los Angeles	C. W. Rand	2,595	1,679	196	20	2	4	3	173
White Memorial Hospital [1-3]	Los Angeles	P. J. Vozel	341	...	20	16	1	2	2	132
Franklin Hospital [1-3]	San Francisco	H. A. Brown	782	333	20	14	..	2	3	105
University of California Hospital [1-3]	San Francisco	E. B. Boldrey	594	1,177	26	18	..	3	3	78.75
Hartford Hospital [1-3]	Hartford, Conn.	W. B. Scoville	1,008	505	56	51	1	2	3	50
St. Francis Hospital [1-3]	Hartford, Conn.	R. C. Buckley	855	411	27	18	1	1	1	75
Grace-New Haven Community Hospital—New Haven Unit (University Service) [1-3]	New Haven	W. J. German	569	708	44	29	..	3	3	40
Georgetown University Hospital	Washington, D. C.		...	...	..	..	..	..	1	...
George Washington University Hospital [1-3]	Washington, D. C.	J. W. Watts	183	353	..	..	..	..	2	130
St. Vincent's Hospital [1-3]	Jacksonville, Fla.	J. Lyerly	303	...	16	4	1	1	1	100
Emory University Hospital [1-3]	Emory University, Ga.	E. F. Fincher	642	...	10	7	..	2	2	50
Augustana Hospital [1-3]	Chicago	W. A. Gustafson	320	...	14	9	1	1	1	150
Chicago Memorial Hospital [1-3]	Chicago	P. C. Bucy	321	458	22	18	1	2	2	200
Cook County Hospital [1-3]	Chicago	J. P. Cascino	1,933	479	155	10	2	2	1	50
Mercy Hospital [1-3]	Chicago	H. C. Voris	278	150	41	23	1	2	2	25
Passavant Memorial Hospital [1-3]	Chicago	L. Davis	180	400	16	10	1	2	3	50
Presbyterian Hospital [1-3]	Chicago	A. VerBrugghen	292	788	14	13	1	1	2	100
St. Luke's Hospital [1-3]	Chicago	E. Oldberg	283	436	26	18	1	2	3	50
University of Chicago Clinics [1-3]	Chicago	T. B. Rasmussen	286	1,647	14	9	1	3	2	25
University of Illinois Neuropsychiatric Institute [1-3]	Chicago	E. Oldberg	759	8,390	51	43	2	5	3	60
Wesley Memorial Hospital [1-3]	Chicago	J. Martin	256	...	8	7	..	1	3	50
Indiana University Medical Center [1,52]	Indianapolis	R. F. Heimburger	224	584	19	19	..	3	3	175
University Hospitals [1-3]	Iowa City	R. Meyers	378	...	..	..	..	1	3	...
University of Kansas Medical Center [1-3]	Kansas City, Kan.	W. Williamson	270	506	27	22	1	2	3	125
University of Louisville Hospitals [1-3,55]	Louisville	R. G. Spurling	130	...	36	10	1	1	2	...
Ochsner Foundation Hospital [1-3]	New Orleans	D. H. Echols	296	1,583	10	8	1	1	2	150
Maine General Hospital [1-3]	Portland, Maine	G. L. Maltby	434	663	27	13	..	1	1	100
Johns Hopkins Hospital [1-3]	Baltimore	A. E. Walker	606	736	28	17	..	3	3	...
University Hospital [1-3]	Baltimore	C. Barkley, Jr.	508	632	47	25	1	5	3	25
Boston City Hospital [1-3]	Boston	D. Munro	256	...	76	14	..	2	2	132
Lahey Clinic [1-3]	Boston	G. Horrax	1,939	3,143	31	17	8	16	2	150
Massachusetts General Hospital [1-3]	Boston	J. C. White	653	...	59	37	1	3	3	66.67
New England Center Hospital [1-3]	Boston	B. Selverstone	142	...	11	8	..	1	1	...
University Hospital [1]	Ann Arbor, Mich.	F. A. Coller	680	2,180	90	64	2	6	3	163.33
Grace Hospital [1-3]	Detroit	E. S. Gurdjian	648	249	31	16	1	1	3	225
Henry Ford Hospital [1-3]	Detroit	A. S. Crawford	457	2,970	11	9	1	3	2	225
University of Minnesota Hospitals [1-3]	Minneapolis	W. T. Peyton	409	681	29	17	1	4	3	142.50
Mayo Foundation [1-3]	Rochester, Minn.	W. McK. Craig	...	...	..	6	14	3	3	150
Barnes Hospital [1-3]	St. Louis	H. G. Schwartz	472	705	53	39	..	3	3	25
University of Nebraska Hospital [1-3]	Omaha, Neb.	J. J. Keegan	41	...	6	5	1	1	3	175
Albany Hospital [1-3]	Albany, N. Y.	E. H. Campbell	734	127	37	23	2	3	3	110
Jewish Hospital [1-3]	Brooklyn	I. Tarlov; J. Sirls	198	234	26	10	1	2	2	50
Kings County Hospital [1-3]	Brooklyn	E. J. Browder	3,805	2,035	217	127	1	4	3	90
Buffalo General Hospital [1-3]	Buffalo	W. B. Hamby	411	49	35	24	..	2	3	125
Millard Fillmore Hospital [1-3]	Buffalo	W. F. Beswick	374	...	23	16	1	1	1	...
Bellevue Hospital Center—Division II—Cornell University [1-3]	New York City	W. D. Wingebach	350	292	23	16	..	2	2	90
Division IV—New York University Post-Graduate Medical School [1-3,73]	New York City	T. I. Hoen	925	300	25	11	3	5	1	80

Numerical and other references will be found on page 363.

10. NEUROLOGICAL SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [a]	Total Residencies Offered [a]	Length of Approved Program (Years)	Beginning Stipend (Month)
Beth Israel Hospital [1-3]	New York City	L. M. Davidoff	237	304	20	11	1	1	3	60
Mount Sinai Hospital [1-3]	New York City	L. M. Davidoff	273	...	48	11	2	2	3	50
New York University-Bellevue Medical Center..	(See Bellevue Hospital Center, Divisions II and IV)									
Presbyterian Hospital (Neurological Institute) (I) [1-3]	New York City	J. L. Pool	718	1,266	75	82	4	8	3	208.33
St. Vincent's Hospital [1-3]	New York City	C. G. de Gutierrez-Mahoney	508	1,724	61	42	1	3	2	50
Strong Memorial-Rochester Municipal Hospitals [1-3]	Rochester, N. Y.	W. P. Van Wagenen	388	190	..	..	..	1	3	66.66
State University of New York Medical Center [1-3, x1]	Syracuse, N. Y.	A. Ecker	251	45	20	11	1	2	1	150
Duke Hospital [1-3]	Durham, N. C.	B. Woodhall	1,008	1,493	48	36	2	6	3	41.66
North Carolina Baptist Hospital	Winston-Salem, N. C.	...	...	...	..	..	..	..	3	...
Christ Hospital [1]	Cincinnati	F. H. Mayfield	324	7.3	14	4	..	1	1	200
Cincinnati General Hospital [1-3]	Cincinnati	J. P. Evans	384	8.6	85	29	4	5	3	...
Good Samaritan Hospital [1-3]	Cincinnati	F. Mayfield	140	...	9	5	..	1	1	155
Cleveland Clinic Hospital [1-3]	Cleveland	W. J. Gardner	700	5,841	41	28	1	4	3	150
White Cross Hospital [1-3]	Columbus, Ohio	H. E. LeFever	741	...	40	23	1	2	2	275
St. Vincent's Hospital [1-3]	Toledo, Ohio	M. T. Schnitker	484	...	33	13	1	1	1	200
University Hospitals [1-3]	Oklahoma City	H. Wilkins	224	1,049	23	7	1	2	2	75
University of Oregon Medical School Hospitals and Clinics [1-3, x2]	Portland, Ore.	J. Raaf	579	...	40	30	1	3	3	85
Graduate Hospital of the University of Pennsylvania [1-3]	Philadelphia	R. A. Groff	476	597	43	27	1	2	2	...
Hospital of the University of Pennsylvania [1-3]	Philadelphia	F. Grant	617	724	39	35	..	3	3	...
Jefferson Medical College Hospital [1]	Philadelphia	R. Jaeger	496	940	19	5	..	..	2	...
Temple University Hospital [1-3]	Philadelphia	M. Scott	706	247	53	24	1	2	2	...
Mercy Hospital [1-3]	Pittsburgh	F. H. Brandon	402	226	11	3	1	2	2	150
Western Pennsylvania Hospital [1-3, x3]	Pittsburgh	S. N. Rowe	261	24	..	..	1	1	2	100
Robert Packer Hospital [1-3]	Sayre, Pa.	A. B. King	380	889	31	25	1	1	1	150
Baptist Memorial Hospital [1-3]	Memphis, Tenn.	R. E. Semmes	1,617	103	71	43	1	2	2	75
Vanderbilt University Hospital [1-3]	Nashville, Tenn.	...	459	...	44	12	..	..	3	50
University of Texas Medical Branch Hospitals [1-3, x4]	Galveston, Texas	S. R. Snodgrass	408	535	42	22	1	2	2	75
Methodist Hospital [1-3]	Houston, Texas	J. Greenwood, Jr.	339	...	16	8	1	3	2	75
University of Virginia Hospital [1-3]	Charlottesville, Va.	W. G. Crutchfield	741	403	26	6	1	3	3	50
Medical College of Virginia—Hospital Div. [1-3]	Richmond, Va.	J. M. Meredith	1,095	873	87	36	..	3	3	50
University Hospitals State of Wisconsin General Hospital [1-3]	Madison, Wis.	T. C. Erickson	440	...	28	27	1	4	3	50

11. NEUROLOGY

The following services are approved by the Council and the American Board of Psychiatry and Neurology. Hospitals, 81; Assistant Residencies and Residencies, 234

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [a]	Total Residencies Offered [a]	Length of Approved Program (Years)	Beginning Stipend (Month)
FEDERAL										
UNITED STATES ARMY										
Letterman Army Hospital	San Francisco	A. Levens	719	336	1	1	..	..	3	...
Fitzsimons Army Hospital	Denver	J. W. Sumner	347	744	..	..	..	..	2	...
Army Medical Center [x6]	Washington, D. C.	J. W. Kemble	431	1,178	1	1	1	3	3	...
UNITED STATES NAVY										
U. S. Naval Hospital [1-3]	Bethesda, Md.	E. L. Caveny	317	978	4	4	1	1	1	...
U. S. Naval Hospital	Philadelphia	P. P. Machung	449	945	7	6	..	..	1	...
FEDERAL SECURITY AGENCY										
Freedmen's Hospital [1-3]	Washington, D. C.	E. Y. Williams	192	1,102	8	3	..	1	2	...
St. Elizabeth's Hospital	Washington, D. C.	...	...	...	..	..	..	1	1	...
VETERANS ADMINISTRATION										
Veterans Admin. Hospital [1-3]	Long Beach, Calif.	J. M. Nielsen	541	1,188	68	48	3	3	3	...
Veterans Admin. Hospital [1-3]	Los Angeles	A. Rose	424	328	10	7	1	2	2	...
Veterans Admin. Hospital [1]	San Francisco	H. W. Newman T. A. Gonda	222	332	3	3	1	3	2	...
Veterans Admin. Hospital	Washington, D. C.	...	...	...	..	..	..	..	3	...
Veterans Admin. Hospital [1]	Hines, Ill.	L. J. Pollock	1,277	...	78	40	3	3	3	...
Veterans Admin. Hospital [1-3]	Topeka, Kan.	M. Walsh	143	...	13	10	1	2	2	...
Veterans Admin. Hospital [1-3, x4]	Louisville	E. Roseman	199	595	9	8	1	1	2	...
Veterans Admin. Hospital [1-3]	Framingham, Mass.	W. Bloomberg	139	...	6	5	1	1	2	...
Veterans Admin. Hospital [1-3]	Minneapolis	R. G. Gray	991	367	33	20	2	7	3	...
Veterans Admin. Hospital [1-3]	Brooklyn	M. E. Marcuilis	209	61	10	7	1	3	3	...
Veterans Admin. Hospital [1-3]	New York City	H. L. Flowers	767	109	40	19	2	6	3	...
Veterans Admin. Hospital [1-3]	Cleveland	C. T. Randt	275	...	18	..	1	1	1	...
Veterans Admin. Hospital [1-3]	Coatesville, Pa.	C. Rupp	...	...	...	...	...	...	3	...
Veterans Admin. Hospital [1-3]	Houston, Texas	C. Iannuci	423	...	32	29	1	2	2	...
Veterans Admin. Hospital [1]	Richmond, Va.	B. Nagler	203	...	5	2	1	3	3	...
NONFEDERAL										
Los Angeles County Hospital [1-3]	Los Angeles	J. M. Nielsen	3,351	4,590	842	217	1	3	3	124
White Memorial Hospital [1-3]	Los Angeles	C. B. Courville	300	2,442	10	7	2	3	3	133
University of California Hospital [1-3]	San Francisco	R. B. Aird	238	3,512	3	2	..	3	2	78.75
University of Colorado Medical Center Colorado General Hospital	Denver	...	...	...	..	..	..	..	3	...
Gallinger Municipal Hospital [1-3]	Washington, D. C.	W. Freeman F. M. Forster	411	652	56	17	1	3	2	100
Georgetown University Hospital [1-3, x5, x7]	Washington, D. C.	F. Forster	117	854	..	..	3	3	2	...
George Washington University Hospital [1-3, x8]	Washington, D. C.	W. Freeman	...	...	...	...	2	2	2	50
Cook County Hospital [1-3]	Chicago	J. A. Luban	507	2,611	49	10	2	2	1	50
St. Luke's Hospital [1-3]	Chicago	F. Gerty	725	244	3	2	1	3	2	50
University of Chicago Clinics [1-3]	Chicago	R. B. Richter	594	1,257	4	3	..	2	2	25
University of Illinois Neuropsychiatric Institute [1-3]	Chicago	...	...	...	..	..	..	..	3	60

Numerical and other references will be found on page 333.

11. NEUROLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [2]	Total Residencies Offered [3]	Length of Approved Program (Years)	Beginning Stipend (Month)
Indianapolis General Hospital [1]	Indianapolis	A. Ross	138	815	38	15	1	3	1	100
Indiana University Medical Center and Affiliated Hospitals [1]	Indianapolis	A. Ross	...	500	..	..	1	1	1	150
Methodist Hospital [1-2]	Indianapolis	M. DeArmond	549	...	29	13	1	3	1	200
University Hospitals [1-2, 102]	Iowa City	A. L. Sahs	1,002	374	37	20	2	5	3	50
University of Kansas Medical Center [1-2]	Kansas City, Kan	A. T. Steegmann	204	727	7	3	1	1	2	175
Louisville General Hospital [1-2]	Louisville	E. Roseman	...	1,353	..	..	1	3	1	65
Charity Hospital of Louisiana Louisiana State University Unit [1-2]	New Orleans	R. A. Matthews	167	5,519	3	2	1	3	3	75
Tulane University Unit [1-2]	New Orleans	R. G. Heath	172	2,995	4	1	2	4	3	75
Baltimore City Hospitals [1-2]	Baltimore	J. W. Magladery	81	412	7	4	1	2	3	35
Johns Hopkins Hospital [1-2]	Baltimore	F. Ford	...	1,861	..	..	1	1	2	...
Boston City Hospital [1-2]	Boston	D. E. Denny-Brown	146	4,429	22	12	3	5	3	112
Massachusetts General Hospital [1-2]	Boston	R. D. Adams	429	6,138	24	11	1	3	3	66.67
New England Center Hospital [1-2]	Boston	J. F. Sullivan	..	..	..	..	..	1	1	83.33
University Hospital [1]	Ann Arbor, Mich	R. DeJong	743	3,922	20	13	2	7	3	134.16
Henry Ford Hospital [1-2, 12]	Detroit	G. O. Grain	...	...	..	..	2	2	1	225
University of Minnesota Hospitals [1-2]	Minneapolis	A. B. Baker	628	2,490	47	36	2	2	3	142.50
Mayo Foundation [1-2]	Rochester, Minn	H. W. Woltman	...	...	..	..	3	10	3	150
Barnes Hospital [1-2]	St. Louis	W. B. Wood E. F. Gilden	400	2,027	13	12	..	1	2	75
Homer G. Phillips Hospital [1-2, 12]	St. Louis	J. O'Leary	...	...	..	..	2	6	3	137.50
Albany Hospital [1-2]	Albany, N. Y	R. W. Graves	1,320	602	4	2	1	2	1	110
Jewish Sanatorium and Hospital for Chronic Diseases [1-2]	Brooklyn	A. M. Rabiner	424	...	60	19	3	9	2	175
Kings County Hospital [1-2]	Brooklyn	O. Perkins	1,704	4,416	603	70	2	4	3	50
Buffalo General Hospital [1-2]	Buffalo	J. H. Talbott	152	658	6	4	..	1	2	125
Bellevue Hospital Center Division II—Cornell University [1-2]	New York City	L. Hausman	588	2,825	58	15	1	1	3	140
Division III—New York University College of Medicine [1-2, 19]	New York City	M. Bender	695	1,524	15	7	5	13	3	80
Beth Israel Hospital [1-2]	New York City	S. Brock	91	701	2	..	1	1	2	60
Fordham Hospital [1-2]	New York City	J. H. Friedman	...	614	..	..	1	1	1	140
Goldwater Memorial Hospital [1-2]	New York City	B. Duttner P. K. Maybardiuk	637	141	50	7	3	7	1	80
Lenox Hill Hospital [1-2]	New York City	T. K. Davis	331	1,676	16	8	1	1	2	50
Metropolitan Hospital [1-2]	New York City	I. Tarlov	107	1,590	9	1	1	1	1	140
Montefiore Hospital [1-2]	New York City	T. J. C. von Storch	554	2,706	51	23	6	7	3	60
Morrisania City Hospital [1-2]	New York City	N. Savitsky	...	1,044	..	..	1	2	2	80
Mount Sinai Hospital [1-2]	New York City	M. B. Bender	888	2,205	41	19	4	4	3	50
New York City Hospital [1-2]	New York City	H. V. Wildman	639	1,781	155	28	1	2	2	80
Presbyterian Hosp. (Neurological Institute) [1-2]	New York City	H. H. Merritt	2,858	13,777	62	..	10	15	3	250.33
Duke Hospital [1-2]	Durham, N. C	E. C. Kunkle	172	840	8	5	3	4	2	41.66
North Carolina Baptist Hospital [1]	Winston-Salem, N. C	R. L. Masland	94	905	1	1	..	1	2	41.66
Cincinnati General Hospital [1-2]	Cincinnati	C. Aring	323	1,496	103	68	1	2	3	...
Cleveland Clinic Hospital [1-2]	Cleveland	L. J. Karnosh	145	13,993	6	4	1	2	2	150
University of Oregon Medical School Hospitals and Clinics [1-2]	Portland, Ore	M. Margason	...	1,823	..	..	1	1	1	85
Graduate Hospital of the University of Pennsylvania [1-2]	Philadelphia	J. C. Yaskin	420	1,506	18	11	2	2	2	...
Hospital of the University of Pennsylvania [1-2]	Philadelphia	G. Gautmon	785	3,397	9	5	..	4	3	...
Jefferson Medical College Hospital [2]	Philadelphia	B. J. Alpers	588	18,569	11	2	..	..	3	50
Philadelphia General Hospital [1-2]	Philadelphia	G. Wilson	1,413	3,891	517	236	2	6	3	112
St. Francis Hospital [1]	Pittsburgh	H. L. Mitchell	1,139	346	..	..	1	3	2	150
Parkland Hospital [1-2]	Dallas, Texas	A. Grollman	...	503	..	..	1	1	1	50
University of Texas Medical Branch Hospitals [1-2, 12, 98]	Galveston, Texas		...	...	..	..	..	..	1	...
University Hospitals State of Wisconsin General Hospital [1-2]	Madison, Wis		...	...	..	..	..	..	3	...

12. OBSTETRICS AND GYNECOLOGY

The following services are approved by the Council and the American Board of Obstetrics and Gynecology. Hospitals, 414; Assistant Residencies and Residencies, 1,728

FEDERAL

Name of Hospital	Location	Chief of Service	Residencies Approved	Inpatients Treated	Outpatient Visits	First Year Residencies Offered [2]	Total Residencies Offered [3]	Length of Approved Program (Years)	Beginning Stipend (Month)
UNITED STATES ARMY									
Letterman Army Hospital	San Francisco	E. A. Zimmerman	OB6	1,947	14,174	..	..	3	...
Fitzsimons Army Hospital	Denver	J. Akers	OB6	3,751	19,995	..	..	3	...
Army Medical Center [12]	Washington, D. C	H. L. Rivas	OB6	3,088	23,751	2	6	3	...
Brooke Army Medical Center [2, 102]	San Antonio, Texas	J. W. Simpson	OB6	3,568	27,893	..	..	3	...
Tripler Army Hospital	Honolulu, T. H	L. T. Dorgan	OB6	2,639	24,234	..	..	3	...
UNITED STATES NAVY									
U. S. Naval Hospital [1]	Oakland, Calif	E. T. Knowles	OB6	4,214	41,108	..	..	3	...
U. S. Naval Hospital [1]	San Diego, Calif	P. Peterson	OB6	4,650	56,316	..	5	3	...
U. S. Naval Hospital [1]	Great Lakes, Ill	H. H. Hill	OB6	2,286	15,180	..	..	3	...
U. S. Naval Hospital [1-2]	Bethesda, Md	L. M. Harris	OB6	3,407	9,401	..	6	3	...
U. S. Naval Hospital [1]	Chelsea, Mass	F. B. Smith	OB6	1,840	16,384	2	4	3	...
U. S. Naval Hospital [1]	St. Albans, N. Y	R. E. Crowder	OB6	1,911	15,567	..	..	3	...
U. S. Naval Hospital [1]	Philadelphia	P. B. Gallegos	OB6	2,624	21,530	..	..	3	...
U. S. Naval Hospital [1-2]	Portsmouth, Va	H. Hirshland	OB6	5,278	33,746	2	4	3	...
FEDERAL SECURITY AGENCY									
Freedmen's Hospital [1-2]	Washington, D. C	J. W. Ross	OB6	4,658	10,700	3	6	3	...

NONFEDERAL

Jefferson-Hillman Hospital [1-2]	Birmingham, Ala	J. Garber W. N. Jones	OB6	5,589	15,790	2	6	3	50
Lloyd Noland Hospital [1-2]	Fairfield, Ala	O. T. West	OB	1,898	15,074	1	3	2	225
Good Samaritan Hospital [1]	Phoenix, Ariz	R. Moore	OB6	3,834	...	1	1	1	250

Numerical and other references will be found on page 363.

12. OBSTETRICS AND GYNECOLOGY—Continued

Name of Hospital	Location	Chief of Service	Residencies Approved	Inpatients Treated	Outpatient Visits	First Year Residencies Offered [4]	Total Residencies Offered [4]	Length of Approved Program (Years)	Beginning Month (Month)
Memorial Hospital [1-3]	Phoenix, Ariz.	H. Siegal	OB	2,698	904	1	1	1	250
University Hospital [1]	Little Rock, Ark.	W. Brown	OBG	2,758	14,155	2	8	3	120
Herrick Memorial Hospital	Berkeley, Calif.		OBG	...	...	..	..	1	...
San Joaquin General Hospital [1-3]	French Camp, Calif.	D. Harrington	OBG	1,857	4,107	1	2	3	235
Glendale Sanitarium and Hospital	Glendale, Calif.		OBG	...	...	..	..	1	...
Seaside Memorial Hospital [1-3]	Long Beach, Calif.	L. R. Hill	OB	2,394	5,742	1	1	1	150
			GYN	1,060	...	1	1	1	150
California Hospital	Los Angeles, Calif.		OB	...	...	..	..	2	...
Hospital of the Good Samaritan [1-3]	Los Angeles	A. M. McCausland	OBG	3,257	406	1	2	2	150
Los Angeles County Hospital [1-3]	Los Angeles	B. J. Hanley	OBG	16,424	18,002	4	11	3	173
Presbyterian Hospital—Olmsted Memorial [3]	Los Angeles	R. Herren	OB	2,330	2,315	2	4	1	100
		H. Gemand	GYN	477	147	..	..	1	100
Queen of Angels Hospital [1-3]	Los Angeles	A. M. McCarthy	OBG	7,017	3,676	2	4	3	125
White Memorial Hospital [1-3]	Los Angeles	R. J. Thompson	OBG	2,575	19,744	1	3	3	132
Highland-Alameda County Hospital [1-3]	Oakland, Calif.	G. F. Calvin	OBG	3,012	6,042	..	3	3	170
Permanente Hospital [1-3]	Oakland, Calif.	R. King	OBG	4,263	24,288	6	6	3	175
Samuel Merritt Hospital [1]	Oakland, Calif.	C. C. Hall	OBG	2,539	...	2	2	1	100
Collis P. and Howard Huntington Memorial Hospital [1-3]	Pasadena, Calif.	E. I. Sorenson	OBG	2,856	...	1	1	1	150
Mercy Hospital [1-3]	San Diego, Calif.	D. D. Deeds	OBG	6,527	4,135	2	6	2	125
San Diego County General Hospital [1-3]	San Diego, Calif.	P. L. Martin	OBG	1,060	3,803	1	2	2	125
Children's Hospital [1-3]	San Francisco	H. A. Stephenson	OBG	3,118	3,761	1	4	2	75
Mary's Help Hospital [1-3]	San Francisco	C. L. Cooley	OBG	2,974	6,514	1	2	1	150
St. Francis Memorial Hospital [1-3]	San Francisco	D. Hart	OBG	1,541	517	2	3	2	265
St. Joseph's Hospital [1-3]	San Francisco	H. Von Gebhern	OBG	2,432	3,690	2	2	2	150
St. Mary's Hospital [1-3]	San Francisco	P. H. Arnot	OB	2,059	1,764	1	1	1	100
San Francisco Hospital [1-3]	San Francisco	E. B. King							
		D. A. Dallas	OBG	3,380	...	1	3	3	175
Stanford University Hospitals [1-3]	San Francisco	A. E. McLennan	OBG	2,811	12,708	2	6	3	50
University of California Hospital [1-3]	San Francisco	H. F. Traut	OBG	2,117	14,534	..	5	3	78.75
Santa Clara County Hospital [1-3]	San Jose, Calif.	J. C. Muir	OBG	569	...	1	3	2	260
St. John's Hospital	Santa Monica, Calif.	B. H. Watson	OBG	3,498	1,874	1	2	2	175
Harbor General Hospital [1-3]	Torrance, Calif.	D. G. Morton	OBG	2,301	2,770	2	4	3	173
St. Joseph's Hospital [1-3]	Denver	S. A. Castellano	OBG	3,464	...	1	2	3	150
University of Colorado Medical Center Colorado General Hospital [1-3]	Denver	E. S. Taylor	OBG	1,694	9,494	2	5	3	150
Denver General Hospital [1-3,20]	Denver	E. S. Taylor	OBG	1,542	6,285	2	5	3	157
Bridgeport Hospital [1-3]	Bridgeport, Conn.	C. Griswold	Ob	2,735	...	2	2	2	175
St. Vincent's Hospital [1]	Bridgeport, Conn.	J. H. Howard	OB	2,843	978	1	2	1	150
Hartford Hospital [1-3]	Hartford, Conn.	R. W. Storrs	OBG	8,370	6,390	1	4	3	50
St. Francis Hospital [1-3]	Hartford, Conn.	W. P. Daly							
		G. E. Logan	OBG	4,100	3,381	4	8	2	75
New Britain General Hospital [1-3]	New Britain, Conn.	D. A. Bristoll	OBG	1,921	...	1	1	2	120
Grace-New Haven Community Hospital Grace Unit [1-3]	New Haven, Conn.	L. K. Musselman	OBG	2,014	1,024	1	3	3	40
New Haven Unit—(University Service) [1-3]	New Haven, Conn.	H. Thoms	OBG	3,508	9,731	3	6	3	40
Hospital of St. Raphael [1-3]	New Haven, Conn.	C. E. Johnson	OBG	4,083	1,786	2	5	3	75
Lawrence and Memorial Associated Hospitals [1-3]	New London, Conn.	E. H. Blank	OBG	2,336	...	2	2	1	150
Norwalk Hospital [1-3]	Norwalk, Conn.	G. V. Gorham	OB	1,821	598	1	1	1	130
Columbia Hospital for Women and Lying-In Asylum [1-3]	Washington, D. C.	P. Haynes							
		R. Holden	OBG	6,868	14,452	..	8	3	50
Doctors Hospital [1-3]	Washington, D. C.	J. D. Wynkoop	OBG	3,417	...	1	2	2	200
Gallinger Municipal Hospital [1-3]	Washington, D. C.	J. Brew	OBG	6,763	6,825	4	7	3	100
Garfield Memorial Hospital [1-3]	Washington, D. C.	R. O. Donnell							
		R. J. Jansen	OBG	3,964	3,964	2	6	3	160
Georgetown University Hospital [1-3]	Washington, D. C.	A. A. Marchetti	OBG	3,694	5,111	3	7	3	25
George Washington University Hospital [1-3,105]	Washington, D. C.	J. L. Parks	OBG	5,331	1,215	2	5	3	130
Providence Hospital [1-3]	Washington, D. C.	G. J. Ellis	OBG	3,459	2,180	1	2	2	150
Sibley Memorial Hospital [1-3]	Washington, D. C.	J. Kotz	OBG	4,508	704	2	2	2	100
Duval Medical Center [3]	Jacksonville, Fla.	E. F. McCall	Ob	1,407	5,702	1	1	1	125
		F. Richards	GYN	531	3,088	..	1	1	125
St. Luke's Hospital	Jacksonville, Fla.	J. C. Taylor	OB	2,048	5,693	2	2	1	140
St. Vincent's Hospital [1-3]	Jacksonville, Fla.	E. McCall							
		T. S. Field	OBG	4,739	680	2	2	1	100
Jackson Memorial Hospital [1]	Miami, Fla.	J. D. Milton	OBG	4,722	4,619	2	4	2	75
Orange Memorial Hospital [1-3]	Orlando, Fla.	D. D. Brame							
		H. A. Day	OBG	3,346	...	2	4	1	125
Tampa Municipal Hospital	Tampa, Fla.		OBG	...	...	..	..	1	...
Crawford W. Long Memorial Hospital [1-3]	Atlanta, Ga.	R. K. Hancock	OBG	8,929	5,211	6	10	3	87.50
Grady Memorial Hospital [1]	Atlanta, Ga.	J. B. Cross	OBG	7,459	50,995	8	16	3	20
Piedmont Hospital [1]	Atlanta, Ga.	C. B. Upshaw	OBG	2,161	...	1	3	1	160
St. Joseph's Infirmary [1-3]	Atlanta, Ga.	H. Benson	OBG	1,892	3,382	2	2	2	170
University Hospital [1-3]	Augusta, Ga.	R. Torpin	OBG	4,815	6,892	4	10	3	...
Augustana Hospital [1-3]	Chicago	W. H. Browne	OB	1,165	1,284	2	2	1	150
Chicago Maternity Center [1-3]	Chicago	B. E. Tucker							
		H. B. Benaron	OB	4,611	12,334	3	8	1	150
Cook County Hospital [1-3]	Chicago	J. E. Fitzgerald							
		F. H. Falls	OBG	17,213	15,070	2	14	3	50
Englewood Hospital [3]	Chicago	C. D. Krause	OB	1,433	225	1	1	1	200
Frank Cuneo Memorial Hospital [3]	Chicago	H. O. Maryan							
		A. Dario	OBG	2,069	175	1	1	2	150
Grant Hospital [1-3]	Chicago	V. Freda	OBG	1,422	...	1	3	3	150
Henrotin Hospital [1-3]	Chicago	J. R. Wolff	OB	916	467	1	1	1	150
Hospital of St. Anthony de Padua	Chicago	F. J. Fara	OB	1,622	...	1	1	1	250
Illinois Masonic Hospital [1-3]	Chicago	F. J. Ross	OBG	2,138	901	4	4	1	90
Lewis Memorial Maternity Hospital [3,45]	Chicago	H. E. Schmitt	OBG	2,632	10,883	4	12	3	50
Loretto Hospital [1-3]	Chicago	G. Z. Wickster	OB	1,311	...	2	2	1	200
Lutheran Deaconess Home and Hospital [1-3]	Chicago	G. L. Rosene	OB	1,462	...	1	1	1	150
Mercy Hospital [1-3]	Chicago	H. E. Schmitz	OBG	1,769	4,334	2	6	3	25
Michael Reese Hospital [1-3]	Chicago	A. K. Koff	OBG	4,371	6,577	2	5	3	25
Mount Sinai Hospital [1-3]	Chicago	A. H. Klawans	OBG	3,571	3,236	1	4	2	50
Passavant Memorial Hospital [1-3]	Chicago	J. I. Brewer	OBG	2,014	728	1	2	3	50
Presbyterian Hospital [1-3]	Chicago	E. D. Allen	OBG	3,027	1,937	4	7	3	50
Provident Hospital [1-3]	Chicago	P. M. Santos	OBG	3,082	6,439	2	6	3	85
Ravenswood Hospital [1-3]	Chicago	A. J. Chaloupka	OBG	2,366	...	2	4	2	75
Research and Educational Hospitals [1-3,45]	Chicago	F. H. Falls	OBG	1,171	14,728	1	5	3	60
St. Anne's Hospital [1-3]	Chicago	R. J. Hawkins	OB	4,153	3,435	8	8	3	150
St. Elizabeth Hospital	Chicago	J. R. Lavieri	OBG	3,931	290	1	1	1	100
St. Joseph Hospital [1-3]	Chicago	C. Geiger	OBG	2,222	...	3	5	2	125

Numerical and other references will be found on page 333.

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12. OBSTETRICS AND GYNECOLOGY—Continued

Name of Hospital	Location	Chief of Service	Residencies Approved	Inpatients Treated	Outpatient Visits	First Year Residencies Offered [4]	Total Residencies Offered [4]	Length of Approved Program (Years)	Beginning Stipend (Month)
St. Luke's Hospital [1-3]	Chicago	E. A. Edwards	OBG	2,602	6,806	2	6	3	50
Swedish Covenant Hospital [1-3]	Chicago	G. L. Rosene							
		R. A. Elfvendahl	OB	2,200	1,678	1	1	1	150
University of Chicago Clinics [1-3]	Chicago	W. J. Dieckmann	OBG	5,906	30,306	12	23	3	25
Billings Hospital									
Chicago Lying-In Hospital and Dispensary									
Wesley Memorial Hospital [1-3]	Chicago	G. H. Gardner	OBG	3,347	...	2	7	3	50
Women and Children's Hospital [2-3]	Chicago	L. Nadelhoffer	OB	988	985	1	1	2	100
Evanston Hospital [1-3]	Evanston, Ill.	D. N. Danforth	OBG	2,353	2,000	1	3	3	50
St. Francis Hospital [1-3]	Evanston, Ill.	J. X. Bremner	OBG	4,349	1,617	1	3	3	150
Little Company of Mary Hospital [1-3]	Evergreen Park, Ill.	P. E. Lawler	OB	3,899	...	3	6	2	175
		W. L. Carlisle	GYN	811	...	2	2	1	175
West Suburban Hospital	Oak Park, Ill.	F. H. Falls	OBG	5,302	336	1	3	2	150
Methodist Hospital of Central Illinois [1-3]	Peoria, Ill.	W. Cooley, Jr.	OB	2,636	...	2	2	1	200
St. Francis Hospital [1-3]	Peoria, Ill.	C. J. Heiberger	OBG	4,515	1,174	1	2	2	100
Indianapolis General Hospital [1]	Indianapolis	G. W. Gustafson							
		J. W. Hofmann	OBG	2,565	11,743	1	3	3	100
Indiana University Medical Center [1]	Indianapolis	C. P. Huber	OBG	2,494	6,381	1	3	3	150
Methodist Hospital [1-3]	Indianapolis	D. Talbott	OB	7,068	...	2	3	2	200
St. Vincent's Hospital [1]	Indianapolis	J. H. Hawk							
		C. Habich	OBG	4,026	563	1	3	3	250
St. Elizabeth Hospital [1]	Lafayette, Ind.	F. W. Peyton	OBG	2,316	15	1	3	2	150
University Hospitals [1-3]	Iowa City	J. H. Randall	OBG	2,359	2,931	3	9	3	50
University of Kansas Medical Center [1-3]	Kansas City, Kan.	L. A. Calkins	OBG	2,441	13,117	2	5	3	125
St. Francis Hospital [1-3]	Wichita, Kan.	R. A. West	OBG	4,691	...	3	3	1	150
Wesley Hospital [1-3]	Wichita, Kan.	R. H. Maxwell	OBG	5,345	...	3	3	1	150
St. Joseph Hospital [1-3]	Lexington, Ky.	A. B. Barrett	OBG	2,243	260	2	2	1	140
Louisville General Hospital [1-3]	Louisville	W. O. Johnson	OBG	3,331	17,819	3	9	3	55
St. Joseph Infirmary [1]	Louisville	J. B. Marshall	OBG	3,745	1,090	2	6	3	150
Charity Hospital of Louisiana									
Independent Unit [1-3]	New Orleans	A. Jacobs	OBG	4,787	23,817	3	7	3	25
Louisiana State University Unit [1-3]	New Orleans	C. J. Lund	OBG	6,811	33,428	3	9	3	25
Tulane University Unit [1-3]	New Orleans	C. C. Collins							
		I. Dyer	OBG	6,546	35,860	3	9	3	25
Hotel Dieu, Sisters Hospital [1]	New Orleans	E. W. Nelson	OBG	4,405	...	2	4	1	100
Ochsner Foundation Hospital [1-3]	New Orleans	C. Tyrone	OBG	377	14,026	2	4	3	150
Southern Baptist Hospital [1]	New Orleans	E. H. Countiss	OBG	5,332	...	1	3	3	...
Touro Infirmary [1-3]	New Orleans	A. Caire, Jr.							
		E. P. Thomas	OBG	4,536	7,518	4	12	3	35
Shreveport Charity Hospital [1]	Shreveport, La.	C. R. Mays	OBG	5,704	2,492	2	6	2	60
Baltimore City Hospital [1-3]	Baltimore	L. H. Douglass	OB	3,027	439	2	5	3	35
Bon Secours Hospital [1-3]	Baltimore	H. B. McNally							
		E. Novak	OBG	2,664	1,260	1	3	3	225
Franklin Square Hospital [1-3]	Baltimore	A. B. Dixon							
		L. F. Vozel	OBG	1,374	1,637	1	3	2	100
Hospital for Women [1-3]	Baltimore	J. E. Savage							
		L. Brady	OBG	4,366	9,436	3	10	3	50
Johns Hopkins Hospital [1-3]	Baltimore	N. J. Eastman							
		R. W. TeLinde	OBG	6,540	33,755	..	10	3	...
Lutheran Hospital [1-3]	Baltimore	W. N. Long, Jr.							
		W. K. Diehl	OBG	3,226	3,771	4	8	3	95
Maryland General Hospital [1-3]	Baltimore	D. McC. Dixon							
		J. D. Woodruff	OBG	2,247	1,116	2	4	2	100
Mercy Hospital [1-3]	Baltimore	J. J. Erwin							
		T. K. Galvin	OBG	3,178	4,827	2	4	3	125
Provident Hospital and Free Dispensary [1-3]	Baltimore	L. H. Douglass	OB	1,576	3,298	2	3	1	125
St. Agnes Hospital [1-3]	Baltimore	H. B. McNally							
		E. Novak	OBG	2,081	839	2	5	2	125
St. Joseph's Hospital [1-3]	Baltimore	H. B. McNally							
		T. K. Galvin	OBG	2,076	3,910	2	4	3	125
Sinai Hospital [1-3]	Baltimore	A. F. Guttmacher							
		D. Silberman	OBG	4,476	11,043	2	8	3	85
South Baltimore General Hospital [1-3]	Baltimore	J. K. B. E. Seegar	OB	1,170	3,431	2	3	2	125
Union Memorial Hospital [1-3]	Baltimore	J. M. Haws	OB	1,886	4,334	2	5	2	40
University Hospital [1-3]	Baltimore	L. H. Douglass							
		J. M. Hundley, Jr.	OBG	4,319	27,096	8	14	3	25
Beth Israel Hospital [1-3]	Boston	H. H. Rosenfield	OBG	2,029	249	2	3	2	41
Boston City Hospital [1-3]	Boston	F. L. Good							
		C. R. Alden	OBG	5,174	18,008	4	12	3	122
Boston Lying-In Hospital [1-3,61]	Boston	D. E. Reid	OB	7,226	24,342	5	11	3	50
Carney Hospital [1-3,61]	Boston	L. E. Phaneuf	OBG	1,982	4,157	1	3	3	125
Massachusetts Memorial Hospital [1-3]	Boston	B. Tenney, Jr.	OBG	2,668	3,821	2	6	3	50
St. Elizabeth's Hospital [1-3]	Boston	W. McDonald	OB	2,586	2,083	1	2	2	125
Booth Memorial Hospital [1-3]	Brookline, Mass.	...	OB	772	2,723	2	2	1	100
Free Hospital for Women [1-3,60]	Brookline, Mass.	G. Van S. Smith	GYN	3,030	13,152	4	12	3	50
Cambridge City Hospital [1-3]	Cambridge, Mass.	F. J. Lynch	OBG	2,012	3,750	1	3	3	125
St. Anne's Hospital [1]	Fall River, Mass.	E. F. Shay	OBG	1,934	436	2	2	1	150
Quincy City Hospital [1-3]	Quincy, Mass.	E. L. Carey	OBG	2,743	...	2	2	1	150
St. Joseph's Mercy Hospital [1-3]	Ann Arbor, Mich.	H. H. Cummings	OBG	2,304	3,009	2	4	3	...
University Hospital [1]	Ann Arbor, Mich.	N. Miller	OBG	3,284	13,731	3	12	3	134.16
City of Detroit Receiving Hospital [1-3]	Detroit	C. Stevenson	GYN	900	5,675	1	5	3	233.25
Detroit Memorial Hospital	Detroit	...	OBG	...	...	..	..	3	...
Evangelical Deaconess Hospital [1-3]	Detroit	L. Braun							
		L. T. Henderson	OBG	2,858	377	2	2	1	200
Florence Crittenton Hospital	Detroit	H. Pearse	OBG	3,578	4,235	2	6	3	150
Grace Hospital [1-3]	Detroit	O. W. Pickard	OBG	9,789	1,902	4	12	3	225
Harper Hospital [1]	Detroit	A. E. Catherwood	OBG	5,250	3,986	2	6	3	205
Henry Ford Hospital [1-3]	Detroit	J. P. Pratt	OBG	3,907	35,012	2	6	3	225
Herman Kiefer Hospital [1-3]	Detroit	C. S. Stevenson	OB	3,756	13,536	5	5	2	418
Mt. Carmel Mercy Hospital	Detroit	C. N. Swanson	OBG	8,606	284	4	12	3	225
Providence Hospital [1]	Detroit	H. Henderson	OBG	5,725	...	4	7	3	225
St. Joseph Mercy Hospital [1]	Detroit	R. B. Kennedy	OBG	3,338	708	1	3	2	175
Woman's Hospital [1-3]	Detroit	R. B. Kennedy							
		H. M. Nelson	OBG	7,027	2,317	2	6	3	210
Hurley Hospital [1-3]	Flint, Mich.	I. H. Gutow	OBG	3,902	...	1	3	2	300
Blodgett Memorial Hospital [1-3]	Grand Rapids, Mich.	D. M. Schultema	OBG	2,413	499	1	1	1	200
Butterworth Hospital [1-3]	Grand Rapids, Mich.	L. C. Bosch	OBG	4,702	892	1	3	3	125
St. Mary's Hospital [1]	Grand Rapids, Mich.	J. H. Beaton	OBG	4,167	51	1	1	1	200
Pontiac General Hospital [1-3]	Pontiac, Mich.	F. Gaenslbauer	OBG	3,750	...	1	3	3	225
St. Joseph Mercy Hospital [1-3]	Pontiac, Mich.	A. K. Stolpman	OB	...	...	2	2	1	300

Numerical and other references will be found on page 363.

12. OBSTETRICS AND GYNECOLOGY—Continued

Name of Hospital	Location	Chief of Service	Residencies Approved	Inpatients Treated	Outpatient Visits	First Year Residencies Offered [4]	Total Residencies Offered [4]	Length of Approved Program (Years)	Beginning Stipend (Month)
Saginaw General Hospital [1-3]	Saginaw, Mich.	C. E. Toshach	OBG	2,763	1,300	1	3	3	300
Maternity Hospital [1-3]	Minneapolis	M. Baker	OB	2,315	6,909	3	3	1	210
Minneapolis General Hospital [1-3]	Minneapolis	W. P. Sadler	OBG	1,197	5,652	1	2	3	156
Northwestern Hospital [1-3]	Minneapolis	P. N. Larson	OBG	3,259	...	2	3	2	200
St. Barnabas Hospital [1-3]	Minneapolis	J. T. Moehn	OBG	3,393	...	1	2	2	175
St. Mary's Hospital [1]	Minneapolis	L. A. Lang	OBG	5,283	...	..	3	2	200
University of Minnesota Hospitals [1-3]	Minneapolis	J. L. McKelvey	OBG	1,348	4,691	1	5	3	142.50
Mayo Foundation [1-3]	Rochester, Minn.	L. M. Randall	OBG	...	...	5	15	3	150
Ancker Hospital [1-3]	St. Paul, Minn.	E. M. Kasper	OBG	1,066	4,050	1	3	3	140
Charles T. Miller Hospital [1-3]	St. Paul, Minn.	R. S. Countryman A. Hayes	OBG	2,936	3,339	..	3	3	115
St. Louis County Hospital [1-3]	Clayton, Mo.	E. L. Dorsett	OBG	952	7,721	1	2	3	104
Kansas City General Hospital No. 1 [1]	Kansas City, Mo.	J. G. Webster	OBG	1,834	6,797	1	3	3	75
Kansas City General Hospital No. 2 [1-3]	Kansas City, Mo.	H. Gainey	OBG	1,388	4,588	2	6	3	75
St. Joseph Hospital [1]	Kansas City, Mo.	A. B. Sinclair	OBG	2,852	...	1	2	2	150
St. Luke's Hospital [1-3]	Kansas City, Mo.	J. M. Singleton	OBG	3,345	...	1	3	3	150
Barnes Hospital [1-3]	St. Louis	W. Allen	OBG	5,197	21,481	3	15	3	25
De Paul Hospital [1-3]	St. Louis	R. V. Boedeker	OBG	3,491	457	1	2	2	150
Homer G. Phillips Hospital [1-3]	St. Louis	K. C. Morrin	OBG	5,128	11,093	2	10	3	132.80
Jewish Hospital [1-3]	St. Louis	S. D. Soule M. H. Meyerhardt	OBG	2,632	1,440	..	2	2	100
St. John's Hospital [1]	St. Louis	M. W. Weis	OB	2,700	1,225	1	1	1	150
St. Louis City Hospital [1-3]	St. Louis		OBG	2,296	7,869	4	9	3	132.80
St. Mary's Group of Hospitals [1-3]	St. Louis	J. A. Hardy, Jr.	OBG	7,317	11,585	5	11	3	65
Lincoln General Hospital [1-3]	Lincoln, Neb.	H. S. Morgan	OBG	1,223	...	..	1	3	175
St. Elizabeth Hospital [1-3]	Lincoln, Neb.	A. Thierstein	OB	1,708	93	1	1	1	300
Creighton Memorial-St. Joseph Hospital [1-3]	Omaha	M. E. Grier	OBG	3,776	4,728	1	3	3	100
University of Nebraska Hospital [1-3,72]	Omaha	L. S. McGoogan	OBG	1,176	4,983	1	3	2	175
Cooper Hospital [1-3]	Camden, N. J.	G. B. German C. P. Shipps	OBG	4,844	12,702	2	5	3	83.33
Jersey City Medical Center [1-3]	Jersey City, N. J.	E. N. Bookranjian	GYN	732	6,253	2	5	2	66.66
Margaret Hague Maternity Hospital [1-3]	Jersey City, N. J.	S. A. Cosgrove	OB	10,359	21,588	8	16	3	66.66
Monmouth Memorial Hospital [1-3]	Long Branch, N. J.	R. A. MacKenzie	OB	1,981	877	2	2	2	...
Newark Beth Israel Hospital [1-3]	Newark, N. J.	R. Berman	OBG	1,455	780	1	1	2	150
St. Michael's Hospital [1-3]	Newark, N. J.	G. A. Brandt	OB	2,981	951	2	2	2	110
Paterson General Hospital [1-3]	Paterson, N. J.	L. E. Thron	OB	3,054	...	1	1	1	100
Holy Name Hospital	Teaneck, N. J.	J. Prather	OBG	3,189	599	1	1	2	125
Albany Hospital [1-3]	Albany, N. Y.	T. O. Gamble A. J. Wallingford	OBG	4,795	2,570	2	4	2	110
Anthony N. Brady Maternity Home	Albany, N. Y.	J. O'C. Kiernan	OB	3,144	2,434	2	3	2	100
Beth-El Hospital [1-3]	Brooklyn	J. Halperin	OBG	4,582	4,296	4	6	2	100
Brooklyn Hospital [1-3]	Brooklyn	J. T. Wallace	OBG	2,903	6,060	1	3	3	75
Brooklyn Women's Hospital [1-3]	Brooklyn	A. Koplowitz	OBG	1,979	3,451	2	2	1	125
Cumberland Hospital [1-3]	Brooklyn	S. Lubin	OBG	2,479	14,136	4	7	3	90
Greenpoint Hospital [1-3]	Brooklyn	W. C. Meagher	OBG	2,371	14,780	3	5	2	90
Jewish Hospital [1-3]	Brooklyn	F. Moskowitz E. Littauer	OBG	6,654	9,127	2	8	3	50
Kings County Hospital [1-3]	Brooklyn	C. Mueller L. Hellman	OBG	9,379	30,491	2	6	3	140
Long Island College Hospital [1-3]	Brooklyn	M. Glass	OBG	3,368	3,337	1	3	3	25
Maimonides Hospital [1-3]	Brooklyn	B. Rabbiner	OBG	4,173	3,966	2	6	3	35
Methodist Hospital [1-3]	Brooklyn	S. C. Hall H. S. Acken, Jr.	OBG	3,855	10,316	2	8	3	75
Norwegian Lutheran Deaconesses' Home and Hospital [1-3]	Brooklyn	B. A. Harris	OBG	2,029	3,209	1	2	2	...
St. Catherine's Hospital [1-3]	Brooklyn	C. A. Gordon							
St. John's Episcopal Hospital [1-3]	Brooklyn	C. C. Meacher	OBG	2,354	2,569	1	5	2	75
St. Mary's Hospital [1-3]	Brooklyn	C. W. Muller	OBG	1,796	4,295	1	3	3	115
Unity Hospital [1-3]	Brooklyn	C. H. Loughran	OBG	2,654	6,050	1	3	3	175
Wyckoff Heights Hospital [1-3]	Brooklyn	S. L. Siegler	OBG	3,089	1,285	2	4	2	100
Buffalo General Hospital [1-3]	Buffalo	F. P. Meleschine	OBG	1,767	1,237	2	6	1	100
Children's Hospital [1-3]	Buffalo	C. L. Randall	OBG	2,611	4,402	..	5	3	125
Deaconess Hospital [1-3]	Buffalo	E. Winkler	OB	3,224	...	..	2	2	75
Edward J. Meyer Memorial Hospital [1-3]	Buffalo	W. H. Burwig	OBG	3,303	157	2	2	1	150
Millard Fillmore Hospital [1-3]	Buffalo	E. G. Winkler	OBG	1,795	7,990	2	5	3	179
Sisters of Charity Hospital [1-3]	Buffalo	L. F. McLean	OBG	6,579	...	2	5	3	150
Flushing Hospital and Dispensary [1-3]	Flushing, N. Y.	E. Winkler	OBG	4,056	349	2	4	3	150
Meadowbrook Hospital [1-3]	Hempstead, N. Y.	F. Carpenter E. F. Miller	OBG	4,908	3,898	2	6	3	125
Mary Immaculate Hospital [1-3]	Jamaica, N. Y.	J. P. McManus	OB	1,198	3,125	1	2	1	200
Queens General Hospital [1-3]	Jamaica, N. Y.	J. V. Rizzi	OB	2,472	3,549	1	1	1	110
Charles S. Wilson Memorial Hospital [1-3]	Johnson City, N. Y.	F. Carpenter	OBG	2,988	9,995	1	3	3	90
Nassau Hospital [1-3]	Mineola, N. Y.	G. Cheatham	OB	1,861	...	2	3	1	200
Mount Vernon Hospital [1-3]	Mount Vernon, N. Y.	A. P. Wright	OB	2,767	...	1	1	1	...
Bellevue Hospital Center Division III—New York University College of Medicine [1-3]	New York City	N. M. Weinrod	OB	1,568	871	1	1	1	175
Beth David Hospital [1-3]	New York City	W. Studdiford	OBG	5,100	23,000	5	14	3	80
Beth Israel Hospital [1-3]	New York City	M. F. Goldberger	OBG	1,595	...	1	2	2	125
Bronx Hospital [1-3]	New York City	M. E. Goldblatt H. C. Falk	OBG	4,038	6,301	2	6	2	60
Flower and Fifth Avenue Hospitals [1-3]	New York City	A. C. Posner	OB	2,978	4,885	1	3	1	50
Fordham Hospital [1-3]	New York City	A. J. Fleischer	GYN	1,133	2,121	1	3	1	50
French Hospital [1-3]	New York City	C. E. Folsome	OBG	3,737	8,440	1	3	3	...
Harlem Hospital [1-3]	New York City	M. L. Brandt C. E. Heaton H. C. Falk	OBG	1,995	8,069	2	4	2	90
Hospital for Joint Diseases [1-3]	New York City	A. C. Posner P. M. Murray	OBG	2,329	4,887	2	4	2	83.33
Jewish Memorial Hospital [1]	New York City		OBG	7,545	44,048	2	6	3	90
Lenox Hill Hospital [1-3]	New York City	M. Brandt M. J. Goodfriend J. C. Kilroe L. O'Donnell	GYN	344	2,780	..	..	1	...
Lincoln Hospital [1-3]	New York City	W. H. Godsick	OBG	2,536	2,107	1	1	1	100
Metropolitan Hospital [1-3]	New York City	C. E. Folsome	OBG	3,214	7,956	3	3	2	50
Misericordia Hospital	New York City	J. A. Kelly	OBG	3,979	20,021	3	9	2	60
Morrisania City Hospital [1-3]	New York City	M. Goodfriend	OB	1,416	2,547	1	1	1	100
Mount Sinai Hospital [1-3]	New York City	M. A. Goldberger	OBG	2,979	16,517	1	4	2	90
			GYN	1,302	6,100	5	5	2	50

Numerical and other references will be found on page 363.

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12. OBSTETRICS AND GYNECOLOGY—Continued

Name of Hospital	Location	Chief of Service	Residencies Approved	Inpatients Treated	Outpatient Visits	First Year Residencies Offered [3]	Total Residencies Offered [3]	Length of Approved Program (Years)	Beginning Stipend (Month)
New York City Hospital [1-3]	New York City	R. J. Lowrie							
		J. V. Ricci	OBG	2,635	12,445	2	5	2	90
New York Hospital [1-3]	New York City	R. G. Douglas	OBG	7,321	41,995	10	14	3	12.50
New York Infirmary [1-3]	New York City	W. Ragland	OB	1,294	4,268	1	2	2	75
New York Polyclinic Medical School and Hospital [3]	New York City	E. H. Dennen	OB	1,002	2,851	1	2	2	75
		D. N. Barrows	GYN	961	2,643	1	2	2	75
		(See also Bellevue Hospital Center, Division III)							
New York University-Bellevue Medical Center University Hospital [1-3]	New York City	L. L. Mackenzie	GYN	781	8,028	2	4	2	80
Presbyterian Hospital (Sloan Hospital for Women) [1-3]	New York City	H. C. Taylor, Jr.	OBG	6,844	38,891	7	21	3	208.33
Roosevelt Hospital [1-3]	New York City	T. C. Peichtal	GYN	925	3,375	1	1	2	...
St. Clare's Hospital [1-3]	New York City	M. Jordan	OBG	2,231	4,030	1	5	3	50
St. Francis Hospital [1-3]	New York City	J. S. Labate	OBG	2,467	5,728	1	3	2	...
St. Vincent's Hospital [1-3]	New York City	T. E. Lavell	OBG	3,456	9,506	1	4	3	50
Sydenham Hospital [1-3]	New York City	P. Murray	OBG	2,442	3,857	1	3	2	85
Woman's Hospital [1-3]	New York City	A. H. Aldridge	OBG	6,209	32,867	4	13	3	25
United Hospital [1-3]	Port Chester, N. Y.	J. Hawthorne	OB	1,277	618	1	1	1	150
Genesee Hospital [1-3]	Rochester, N. Y.	S. R. Snow	OBG	2,718	2,210	..	2	3	70
Highland Hospital [1-3]	Rochester, N. Y.	J. B. Loder	OB	2,262	...	1	2	2	100
Rochester General Hospital [1-3]	Rochester, N. Y.	E. R. Duggan	OB	2,688	1,084	1	1	3	100
Strong Memorial-Rochester Municipal Hosp. [1-3]	Rochester, N. Y.	K. M. Wilson	OBG	3,705	6,009	2	8	3	41.66
Ellis Hospital [1-3]	Schenectady, N. Y.	W. M. Mallin	OB	1,004	...	1	1	1	100
		J. Cornell	GYN	1,008	...	1	1	1	100
General Hospital [1]	Syracuse, N. Y.	R. Plen	OBG	2,439	1,995	1	3	2	125
St. Joseph's Hospital [1-3]	Syracuse, N. Y.	L. Fournier	OBG	2,975	2,165	2	2	1	...
State University of New York Medical Center [1-3,51]	Syracuse, N. Y.	E. C. Hughes	OB	6,030	5,386	4	10	3	150
Charlotte Memorial Hospital [1-3]	Charlotte, N. C.	C. E. Clark	GYN	1,855	3,420	2	8	3	150
Duke Hospital [1-3]	Durham, N. C.	W. Z. Bradford	OBG	2,514	1,988	1	2	2	150
Watts Hospital [1]	Durham, N. C.	B. Carter	OBG	3,249	16,486	3	10	3	25
Rex Hospital [1-3]	Raleigh, N. C.	E. B. Easley	OBG	1,894	3,656	1	1	1	75
North Carolina Baptist Hospital [1]	Winston-Salem, N. C.	R. J. Ruark	OBG	3,094	2,031	1	1	2	225
St. Luke's Hospital	Fargo, N. D.	F. R. Lock	OBG	2,475	5,105	2	5	3	41.66
City Hospital [1-3]	Akron, Ohio		OBG	1,859	22,500	2	2	1	300
Peoples Hospital [1,18]	Akron, Ohio	D. C. Snyder	OBG	6,287	2,870	3	6	3	200
St. Thomas Hospital [1-3]	Akron, Ohio	L. DuSef	OBG	4,286	1,274	2	5	3	225
Mercy Hospital [1-3]	Canton, Ohio	H. H. Gibson	OBG	3,041	1,660	2	8	2	200
		R. K. Ramsayer							
Bethesda Hospital [1-3]	Cincinnati	L. E. Leavenworth	OBG	3,534	95	1	3	2	200
		R. Bryant							
Cincinnati General Hospital [1-3]	Cincinnati	R. W. Eddy	OBG	4,241	...	2	4	3	200
City Hospital [1-3]	Cleveland	S. Garber	OB	3,821	6,228	4	5	3	...
		A. E. Bennett	OB	2,469	8,596	2	7	3	84
Fairview Park Hospital [1-3]	Cleveland		GYN	453	5,284	..	..	1	84
Lutheran Hospital [1-3]	Cleveland	E. D. Saunders	OB	2,670	238	3	3	1	100
Mount Sinai Hospital [1-3]	Cleveland	R. S. Dial	OB	2,081	...	1	2	2	162.50
St. Ann's Maternity Hospital [3]	Cleveland	L. H. Riskind	OBG	3,493	6,529	1	5	3	215
St. John's Hospital [1-3]	Cleveland	M. B. Laven	OB	2,583	765	3	3	1	300
		M. E. Crawford							
St. Luke's Hospital [1-3]	Cleveland	J. E. Morgan	OBG	3,155	60	2	5	2	135
University Hospitals [1-3]	Cleveland	C. T. Hemmings	OBG	4,610	3,659	1	4	3	100
Mount Carmel Hospital [1-3]	Columbus, Ohio	G. J. Vosburgh	OBG	7,351	25,837	6	14	3	25
St. Ann's Maternity Hospital [3]	Columbus, Ohio	R. F. Daly	OB	3,281	870	1	3	2	225
University Hospitals of Ohio State University Hospital [1-3]	Columbus, Ohio	J. M. Gallen	OB	2,503	525	2	4	2	150
White Cross Hospital [1-3]	Columbus, Ohio	A. C. Barnes	OBG	4,100	13,804	2	8	3	125
Good Samaritan Hospital [1-3]	Dayton, Ohio	W. M. Silbernagel	OB	2,922	...	1	2	2	275
Miami Valley Hospital [1-3]	Dayton, Ohio	J. K. Boertner	OBG	2,148	818	2	2	2	150
Huron Road Hospital [1-3]	East Cleveland, Ohio	R. C. Doan	OB	4,962	1,478	..	1	1	125
Lakewood Hospital [1-3]	Lakewood, Ohio	J. J. Woodworth	OBG	4,508	114	2	4	3	210
St. Rita's Hospital [1-3]	Lima, Ohio	B. Wylie	OB	2,037	53	2	2	1	110
Maumee Valley Hospital [1-3]	Toledo, Ohio	V. A. Noble	OB	2,087	15	1	2	2	175
Mercy Hospital [1-3]	Toledo, Ohio	S. D. Zuker	OB	516	290	1	1	1	210
St. Vincent's Hospital [1-3]	Toledo, Ohio	R. C. King	OBG	3,903	1,191	2	6	2	150
Toledo Hospital [1-3]	Toledo, Ohio	M. W. Diethelm	OBG	3,435	...	2	4	3	200
St. Elizabeth Hospital [1-3]	Youngstown, Ohio	O. E. Todd	OBG	3,775	1,259	1	3	3	200
St. Anthony Hospital	Oklahoma City	A. J. Brandt	OBG	4,635	477	1	3	2	200
University Hospitals [1-3]	Oklahoma City	G. Rogers	OBG	5,511	3,806	1	3	3	150
		J. B. Eskridge							
Wesley Hospital [1-3]	Oklahoma City	J. Kelso	OBG	2,570	11,957	1	3	3	75
St. John's Hospital [1]	Tulsa, Okla.	J. W. Records	OBG	2,911	3,614	1	1	2	150
Emanuel Hospital [1-3]	Portland, Ore.	W. F. Thomas	OBG	3,796	...	3	3	2	150
St. Vincent's Hospital [1-3]	Portland, Ore.	C. Fearl	OBG	6,924	...	1	3	3	85
University of Oregon Medical School Hospitals and Clinics [1-3]	Portland, Ore.	M. S. Sichel	OB	2,411	...	1	1	1	150
		H. C. Stearns	OBG	1,416	6,978	1	3	3	85
Abington Memorial Hospital [1-3]	Abington, Pa.	R. D. Porter							
		C. M. Tutman	OBG	3,005	4,480	1	2	2	100
St. Luke's Hospital [1-3]	Bethlehem, Pa.	T. E. Schadt	OBG	2,709	372	1	2	2	100
Bryn Mawr Hospital [1-3]	Bryn Mawr, Pa.	J. L. Richards	OBG	2,808	1,002	1	1	1	100
George F. Geisinger Memorial Hospital [1-3]	Danville, Pa.	R. E. Nicodemus	OB	1,525	10,080	2	2	1	100
Fitzgerald-Mercy Hospital [1-3]	Darby, Pa.	J. V. Missett	OBG	3,757	2,242	2	2	1	200
Harrisburg Hospital [1-3]	Harrisburg, Pa.	W. P. Dailey	OBG	2,466	1,160	1	3	2	100
Albert Einstein Medical Center Northern Division [1-3]	Philadelphia	C. J. Stamm	GYN	1,945	1,672	1	2	2	75
Southern Division [1-3]	Philadelphia	C. Wachs							
		A. First	OBG	2,302	4,280	2	2	2	75
Episcopal Hospital [1]	Philadelphia	J. H. Duggar	OBG	2,520	5,364	3	3	3	50
Frankford Hospital [1-3]	Philadelphia	G. C. Hanna	OBG	2,782	4,071	1	1	2	200
Germantown Dispensary and Hospital [1-3]	Philadelphia	Z. B. Newton	OBG	2,177	3,390	2	2	2	150
Graduate Hospital of the University of Pennsylvania [1-3]	Philadelphia	R. Kimbrough	GYN	627	2,075	1	2	3	...
Hahnemann Medical College and Hospital [1-3]	Philadelphia	N. F. Paxson							
		R. V. MacFadyen	OBG	4,547	12,459	2	8	3	50
Hospital of the University of Pennsylvania [1-3]	Philadelphia	C. Bachman							
		F. Payne	OBG	4,923	12,553	..	12	3	...

Numerical and other references will be found on page 363.

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12. OBSTETRICS AND GYNECOLOGY—Continued

Name of Hospital	Location	Chief of Service	Residencies Approved	Inpatients Treated	Outpatient Visits	First Year Residencies Offered [4]	Total Residencies Offered [4]	Approved Program Years) Beginning	Beginning Salary (Month)
Hospital of the Woman's Medical College of Pennsylvania [1-3]	Philadelphia	A. G. Taylor							
		M. D. Pettit	OBG	2,327	1,066	2	4	3	60
Jefferson Medical College Hospital [3]	Philadelphia	T. L. Montgomery							
		L. C. Scheffey	OBG	5,448	20,786	..	..	3	50
Lankenau Hospital [1]	Philadelphia	R. B. Wilson	OB	995	3,516	..	1	2	50
Mercy-Douglass Hospital [1]	Philadelphia	H. O. Dickens	OBG	...	...	2	2	2	150
Methodist Episcopal Hospital [1-3]	Philadelphia	R. W. Mohler	OBG	1,496	1,999	1	2	2	200
Pennsylvania Hospital [1-3]	Philadelphia	R. A. Kimbrough	OBG	5,319	15,226	3	6	3	20
Philadelphia General Hospital [1-3]	Philadelphia	F. M. Kern	OBG	6,236	19,613	2	5	3	112
Temple University Hospital [1-3]	Philadelphia	J. R. Willson	OBG	4,597	11,603	4	12	3	...
Woman's Hospital [1]	Philadelphia	D. Ashton	OBG	2,265	7,443	2	6	3	100
Mercy Hospital [1-3]	Pittsburgh	R. A. Gillis							
		R. J. Frodey	OBG	3,268	794	1	1	2	150
Montefiore Hospital [1-3]	Pittsburgh	H. Cohen	OB	1,924	2,519	1	1	1	100
Pittsburgh Hospital [1-3]	Pittsburgh	E. A. Conti							
		R. A. D. Gillis	OBG	2,408	743	1	2	2	150
Pittsburgh Medical Center [1-3,10]	Pittsburgh	H. A. Power							
		J. A. Hepp	OBG	8,148	8,157	4	12	3	41.66
St. Francis Hospital [1]	Pittsburgh	J. H. Carroll							
		J. A. Hepp	OBG	2,673	994	2	6	3	[illegible]
St. Margaret Memorial Hospital [1-3]	Pittsburgh	R. Tafel	OBG	1,279	571	..	1	2	175
South Side Hospital [1-3]	Pittsburgh	J. A. New							
		J. Hodgkiss	OBG	1,873	1,078	2	4	1	200
Wilkes-Barre General Hospital [1-3]	Wilkes-Barre, Pa.	J. J. Kirvan	OB	1,971	507	1	1	1	150
Providence Lying-In Hospital [3]	Providence, R. I.	A. L. Potter	OB	8,197	11,611	2	2	1	110
Rhode Island Hospital [1-3]	Providence, R. I.	G. W. Waterman	GYN	1,447	2,709	1	2	1	60
Roper Hospital [1-3]	Charleston, S. C.	L. A. Wilson	OBG	2,737	9,747	2	4	3	70
Columbia Hospital [1-3]	Columbia, S. C.	F. B. C. Geibel	OB	2,971	...	1	2	2	125
Greenville General Hospital [1-3]	Greenville, S. C.	J. D. Parker	OBG	4,176	2,670	1	1	2	...
Baroness Erlanger Hospital [1-3]	Chattanooga, Tenn.	E. F. Buchner	OB	4,070	4,117	2	3	1	125
Knoxville General Hospital	Knoxville, Tenn.	H. H. Jenkins	OBG	1,720	2,520	..	1	1	95
Baptist Memorial Hospital [1-3]	Memphis, Tenn.	W. T. Black, Jr.	OBG	5,402	972	2	6	2	75
John Gaston Hospital [1-3]	Memphis, Tenn.	F. E. Whitaere	OBG	7,195	19,374	3	11	3	33
Methodist Hospital [3]	Memphis, Tenn.	C. Warde	OB	2,078	1,750	1	1	2	75
St. Joseph Hospital [1-3]	Memphis, Tenn.	M. J. Roach	OBG	3,729	1,138	2	6	3	100
George W. Hubbard Hospital of Meharry Medical College [1-3]	Nashville, Tenn.	R. S. Duke	OB	1,203	3,027	2	4	2	100
Mid State Baptist Hospital	Nashville, Tenn.		OB	...	...	..	..	1	...
Nashville General Hospital [3]	Nashville, Tenn.	M. S. Lewis							
		L. Bennett	OBG	2,037	10,797	2	3	2	100
St. Thomas Hospital	Nashville, Tenn.	M. S. Lewis	OB	2,712		1	4	2	200
Vanderbilt University Hospital [1-3]	Nashville, Tenn.	J. C. Burch	OBG	2,889	8,878	..	..	3	50
Baylor University Hospital [1-3]	Dallas, Texas	W. K. Strother	OBG	8,782	8,804	2	4	3	75
Methodist Hospital [1-3]	Dallas, Texas	P. D. Newell	OBG	4,775	2,976	2	5	3	100
Parkland Hospital [1-3]	Dallas, Texas	W. F. Mengert	OBG	3,717	6,894	4	8	3	50
St. Paul's Hospital [1-3]	Dallas, Texas	W. F. Guerriero	OBG	5,887	1,873	2	4	3	100
Hotel Dieu, Sisters' Hospital [1-3] (St. Joseph's Maternity Hospital)	El Paso, Texas	C. C. Boehler	OB	1,541	10,365	..	1	2	150
Harris Hospital [1-3]	Fort Worth, Texas	C. P. Hawkins	OBG	4,828	1,501	4	4	1	125
University of Texas Medical Branch Hospitals [1-3,10]	Galveston, Texas	W. R. Cooke	OBG	2,176	10,088	2	6	3	100
Hermann Hospital [1-3]	Houston, Texas	A. L. Dippel							
		C. Pursley	OBG	8,023	9,979	3	9	3	75
Jefferson Davis Hospital [1-3]	Houston, Texas	H. W. Johnson	OBG	5,351	41,464	3	8	3	25
Methodist Hospital [1-3]	Houston, Texas	V. Wachsman							
		J. A. Wall	OBG	1,221	4,019	2	5	2	75
St. Joseph's Infirmary [3]	Houston, Texas	E. A. Chandler	OB	8,124	3,130	3	5	2	100
Baptist Memorial Hospital	San Antonio, Texas		OBG			..	..	1	
Robert B. Green Memorial Hospital [1]	San Antonio, Texas	S. F. Moore	OBG	2,171	7,294	2	4	3	100
Thomas D. Dee Memorial Hospital [1-3,11]	Ogden, Utah	V. L. Ward	OBG	3,473	286	1	3	2	200
Dr. W. H. Groves Latter-Day Saints Hospital [1-3]	Salt Lake City	D. R. Skidmore	OBG	6,078	176	2	5	2	160
Holy Cross Hospital [1-3]	Salt Lake City	L. C. Warenski	OBG	3,792	1	2	3	3	175
Salt Lake County General Hospital [1-3]	Salt Lake City	E. G. Holmstrom	OBG	1,995	2,722	3	3	2	100
Bishop DeGoesbriand Hospital [1-3]	Burlington, Vt.	W. J. Slavin	OBG	1,100	582	2	4	1	100
Mary Fletcher Hospital [1-3]	Burlington, Vt.	J. V. Maeck	OBG	1,555	1,064	..	2	2	75
Alexandria Hospital [1-3]	Alexandria, Va.	H. Picot	OB	2,302		2	2	1	250
Arlington Hospital [1-3]	Arlington, Va.	A. Bedo	OBG	2,052	158	1	1	1	150
University of Virginia Hospital [1-3]	Charlottesville, Va.	W. N. Thornton	OBG	3,048	8,595	2	8	3	50
Riverside Hospital [1-3]	Newport News, Va.	W. R. Payne	OBG	2,766	...	2	3	1	200
De Paul Hospital [1-3]	Norfolk, Va.	J. R. Kicht	OBG	2,987	1,301	1	2	2	200
Norfolk General Hospital [1-3]	Norfolk, Va.	D. Jones	OBG	1,979	...	1	1	1	
Johnston-Willis Hospital [1-3]	Richmond, Va.	M. P. Rucker	OB	1,383	...	1	1	1	200
Medical College of Virginia—Hosp. Division [1-3]	Richmond, Va.	H. H. Ware, Jr.	OB	6,378	11,514	5	10	3	50
King County Hospital, Unit No. 1 (Harborview) [1-3]	Seattle, Wash.	R. R. deAlvarez	OBG	1,568	5,799	1	3	3	100
Providence Hospital [1-3]	Seattle, Wash.	E. T. MacCamy	OB	2,765	888	1	1	1	110
Swedish Hospital [1]	Seattle, Wash.	R. Stewart	OBG	4,366	...	2	2	2	100
Virginia Mason Hospital [1-3]	Seattle, Wash.	R. N. Rutherford	OB	2,268	...	1	1	1	100
St. Luke's Hospital [1-3]	Spokane, Wash.	M. Heitman	OBG	1,553	...	1	1	1	150
St. Mary's Hospital [1-3]	Huntington, W. Va.	E. J. Humphrey	OB	2,142	734	1	1	1	125
University Hospitals State of Wisconsin General Hospital [1-3]	Madison, Wis.	J. W. Harris	OBG	950	7,185	1	3	3	50
Columbia Hospital [1-3]	Milwaukee	F. J. Stoddard	OB	1,334	...	1	1	1	125
Milwaukee County Hospital [1,10]	Milwaukee	R. S. Cron	OBG	1,882	3,830	1	4	3	199.60
Milwaukee Hospital [1-3]	Milwaukee	F. J. Hofmeister	OBG	4,257	...	2	3	3	135
Mt. Sinai Hospital [1]	Milwaukee	B. E. Urdan	OBG	3,635	711	1	2	2	200
St. Joseph Hospital	Milwaukee	G. Kilkenny	OBG	6,243	...	2	2	3	110
St. Luke's Hospital [1-3]	Milwaukee	A. Watts	OBG	738	...	1	2	2	225
St. Mary's Hospital [1-3]	Milwaukee	J. D. Owen							
		D. Werner	OBG	2,875	...	..	3	2	150
Gorgas Hospital [3]	Ancon, C. Z.	I. J. Strumpf	OBG	1,617	9,794	1	3	1	...
Kapiolani Maternity and Gynecological Hospital [1-3]	Honolulu, T. H.	H. E. Bowles							
		C. McCorriston	OBG	5,119	2,220	2	4	2	150
Queen's Hospital [1]	Honolulu, T. H.	R. Sakimoto	OBG	2,972	3,637	2	4	2	110
St. Francis Hospital	Honolulu, T. H.		OBG	...	...	..	..	1	...
San Juan City Hospital	San Juan, Puerto Rico		OBG	...	...	..	..	3	...

Numerical and other references will be found on page 363.

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13. OCCUPATIONAL MEDICINE

The following service is approved by the Council on Medical Education and Hospitals.
Hospitals, 1; Assistant Residencies and Residencies, 2

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
NONFEDERAL										
Saginaw General Hospital [1-3]	Saginaw, Mich.	R. D. Mudd	366	261,643	2	2	1	2	2	$50

14. OPHTHALMOLOGY

The following services are approved by the Council on Medical Education and Hospitals.
Hospitals, 165; Assistant Residencies and Residencies, 329

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
FEDERAL							
UNITED STATES ARMY							
Letterman Army Hospital	San Francisco	T. L. Ozment	695	11,984	..	..	...
Fitzsimons Army Hospital	Denver	B. T. Bowers	2,882	8,887	..	..	...
Army Medical Center [12]	Washington, D. C.	J. H. King, Jr.	369	39,183	2	6	...
Brooke Army Medical Center [8,101]	San Antonio, Texas	W. T. Sichl	1,167	13,314	..	..	...
UNITED STATES NAVY							
U. S. Naval Hospital [1]	Oakland, Calif.	B. N. Ahl	302	4,226	..	..	...
U. S. Naval Hospital [13]	San Diego, Calif.	A. J. Delaney	...	...	..	..	...
U. S. Naval Hospital [1-3]	Bethesda, Md.	F. Harbert	311	4,532	..	2	...
U. S. Naval Hospital [2]	St. Albans, N. Y.	R. K. Hoch	183	2,397	..	..	...
U. S. Naval Hospital	Philadelphia	H. G. Bullwinkel	257	...	..	..	...
UNITED STATES PUBLIC HEALTH SERVICE							
U. S. Public Health Service Hospital [1]	New Orleans	L. M. Smith	379	3,780	1	3	...
U. S. Public Health Service Hospital [3]	Baltimore, Md.	W. P. Giffey	206	2,721	1	3	...
U. S. Public Health Service Hospital [1-3]	Staten Island, N. Y.	J. B. Peebles	370	5,383	1	3	...
U. S. Public Health Service Hospital [1-3]	Seattle, Wash.	H. U. Maness	178	4,000	1	2	...
FEDERAL SECURITY AGENCY							
Freedmen's Hospital [1-3]	Washington, D. C.	...	...	...	..	..	...
VETERANS ADMINISTRATION							
Veterans Admin. Hospital [1-3]	Tuskegee, Ala.	H. G. Dwiggins	162	880	1	1	...
Veterans Admin. Hospital [1-3]	Long Beach, Calif.	G. C. Struble	238	2,702	2	2	...
Veterans Admin. Hospital [1-3]	Los Angeles	C. Munima	443	2,765	1	3	...
Veterans Admin. Hospital [1]	San Francisco	M. Fine and D. Harrington	167	2,146	1	3	...
Veterans Admin. Hospital [1,13]	Chamblee, Ga.	H. D. Smith	...	...	1	3	...
Veterans Admin. Hospital [1]	Hines, Ill.	W. A. Mann	619	...	4	4	...
Veterans Admin. Hospital [1-3]	Wadsworth, Kan.	A. W. McAlester	169	...	..	2	...
Veterans Admin. Hospital [1-3]	Louisville, Ky.	W. J. Schutz	332	1,887	1	2	...
Veterans Admin. Hospital [1]	New Orleans	J. H. Allen	154	251	1	2	...
Veterans Admin. Hospital [1-3]	Fort Howard, Md.	M. E. Randolph	116	147	..	1	...
Veterans Admin. Hospital [1-3]	Dearborn, Mich.	A. D. Roedemann	140	385	..	1	...
Veterans Admin. Hospital [1-3]	Minneapolis, Minn.	E. W. Hansen	208	1,68	3	3	...
Veterans Admin. Hospital [1]	Jefferson Barracks, Mo.	H. Rosenbaum	120	...	1	3	...
Veterans Admin. Hospital [1-3]	Brooklyn	M. A. Lasky	260	20	1	2	...
Veterans Admin. Hospital [1-3]	New York City	A. G. DeVoe	309	2,431	1	4	...
Veterans Admin. Hospital [1-3]	Cleveland	J. Keyes	309	551	1	2	...
Veterans Admin. Hospital [1]	Aspinwall, Pa.	J. G. Linn	169	...	1	2	...
Veterans Admin. Hospital [1]	Memphis, Tenn.	S. D. Mahler	...	...	1	2	...
Veterans Admin. Hospital [1-3]	Dallas, Texas	M. Thomas	95	...	..	2	...
Veterans Admin. Hospital [1-3]	Houston, Texas	L. Goar	185	...	1	2	...
Veterans Admin. Hospital [1-3]	McKinney, Texas	S. B. Gostin	204	1,329	1	2	...
Veterans Admin. Hospital [1]	Richmond, Va.	F. W. Perkins	183	...	1	2	...
Veterans Admin. Hospital [1-3]	Milwaukee	J. B. Hitz	3,720	5,532	1	3	...
NONFEDERAL							
Jefferson-Hillman Hospital [1-3]	Birmingham	A. Callahan	1,005	9,732	1	4	50
Arkansas Baptist Hospital [1-3]	Little Rock, Ark.	K. W. Cosgrove	475	...	2	2	150
General Hospital of Fresno County [1-3]	Fresno, Calif.	D. H. Trowbridge	206	5,938	1	2	200
Eye and Ear Hospital [1]	Los Angeles	O. Ellis	889	3,405	1	2	100
Los Angeles County Hospital [1-3]	Los Angeles	W. J. Endres	1,072	21,695	2	4	173
White Memorial Hospital [1-3]	Los Angeles	H. F. Whalman	261	8,211	1	2	132
San Diego County General Hospital [1-3]	San Diego, Calif.	W. E. Monseez	93	3,132	1	1	125
Franklin Hospital [1-3]	San Francisco	C. A. Dickey	94	1,673	1	1	105
Green's Eye Hospital [1-3]	San Francisco	V. V. Sugiian	617	27,410	1	2	100
Stanford University Hospitals [1-3]	San Francisco	A. E. Maumenee	770	9,324	1	3	50
University of California Hospital [1-3,92]	San Francisco	F. C. Cordes	857	12,345	..	4	78.75
University of Colorado Medical Center Colorado General Hospital [1-3]	Denver	R. W. Danielson	105	8,359	..	3	150
Grace-New Haven Community Hospital New Haven Unit (University Service) [1-3]	New Haven, Conn.	R. M. Fasanella	419	6,384	1	2	40
Episcopal Eye, Ear and Throat Hospital [1-3]	Washington, D. C.	G. V. Simpson	1,796	27,222	2	6	150
Gallinger Municipal Hospital [1-3]	Washington, D. C.	R. A. Cox and E. Cumalings	139	4,669	1	2	100
Grady Memorial Hospital [1]	Atlanta, Ga.	F. P. Calhoun, Jr.	630	17,964	2	6	30
Chicago Eye, Ear, Nose and Throat Hosp. [1-3]	Chicago	A. Stonehill	523	24,655	..	3	100
Cook County Hospital [1-3]	Chicago	D. T. Vail	517	14,760	6	6	50
Illinois Eye and Ear Infirmary [1-3]	Chicago	W. F. Hughes, Jr.	1,618	62,737	10	21	60
Mercy Hospital [1-3]	Chicago	L. Hoffman	76	2,034	1	1	25
Michael Reese Hospital [1-3]	Chicago	T. Zekman	636	5,291	2	2	50
Passavant Memorial Hospital [1-3]	Chicago	D. Vail	635	618	1	2	50
Presbyterian Hospital [1-3]	Chicago	J. M. Donegan	300	6,474	1	2	50
Provident Hospital [1-3]	Chicago	W. Jones	18	4,782	1	2	85
Research and Educational Hospitals [1-3]	Chicago	W. F. Hughes, Jr.	70	8,222	1	2	60
St. Joseph Hospital [1-3]	Chicago	J. Donegan	32	...	1	1	125
St. Luke's Hospital [1-3]	Chicago	J. W. Clark	310	1,873	1	2	50

Numerical and other references will be found on page 363.

14. OPHTHALMOLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	First Year Residencies Offered [a]	Total Residencies Offered [a]	Beginning Salary (Month)
University of Chicago Clinics [1-2]	Chicago	A. C. Krause	129	10,452	3	6	25
Wesley Memorial Hospital [1-2]	Chicago	W. A. Mann	303	...	1	2	50
Woodlawn Hospital [1-2]	Chicago	F. M. Whitsell	297	81	1	1	150
Indianapolis General Hospital [1]	Indianapolis	E. Dyar	239	8,013	1	2	100
Indiana University Medical Center [1]	Indianapolis	R. J. Masters	238	4,781	2	4	150
University Hospitals [1-2]	Iowa City	A. E. Braley	1,471	4,115	2	6	50
University of Kansas Medical Center [1-2]	Kansas City, Kan.	A. Lemoine, Jr.	392	5,176	1	2	125
Louisville General Hospital [1-2]	Louisville, Ky.	C. D. Townes	169	6,813	..	2	60
Charity Hospital of Louisiana							
Independent Unit [1-2]	New Orleans	J. H. Larose	371	6,728	1	3	25
Louisiana State University Unit [1-2]	New Orleans	G. M. Haik	721	12,190	1	3	25
Tulane University Unit [1-2]	New Orleans	W. B. Clark					
		J. H. Allen	578	12,233	1	3	25
Eye, Ear, Nose and Throat Hospital [1-2, s]	New Orleans	W. B. Clark	1,247	19,031	2	5	...
Touro Infirmary [1-2]	New Orleans	E. E. Allgeyer	118	2,137	1	1	35
Baltimore Eye, Ear, and Throat							
Charity Hospital [1-2]	Baltimore	C. A. Clapp	1,019	12,554	1	8	10
Johns Hopkins Hospital [1-2]	Baltimore	A. C. Woods	1,009	10,473	..	6	...
University Hospital [1-2]	Baltimore	F. E. Knowles, Jr.	37	4,089	..	1	25
Boston City Hospital [1-2]	Boston	J. J. Regan	591	21,543	1	7	137
Massachusetts Eye and Ear Infirmary [1-2]	Boston	E. B. Dunphy	3,574	40,923	11	11	41.83
Massachusetts Memorial Hospitals [1-2]	Boston	R. W. Hopkins	228	4,890	1	2	50
University Hospital [1]	Ann Arbor, Mich.	F. H. Fralick	535	12,718	3	9	134.16
City of Detroit Receiving Hospital [1-2]	Detroit	A. D. Ruedemann	452	10,016	3	7	233.25
Harper Hospital [1]	Detroit	A. D. Ruedemann					
		A. S. Hale	1,300	5,720	1	3	205
Henry Ford Hospital [1-2]	Detroit	E. H. Whitney	442	24,745	1	3	225
Wayne County General Hospital and Infirmary [1-2]	Eloise, Mich.	M. J. Mintz	192	2,720	1	2	309.66
Minneapolis General Hospital [1-2]	Minneapolis	W. K. Haven	121	3,657	1	2	156
University of Minnesota Hospitals [1-2]	Minneapolis	E. W. Hansen	294	6,387	..	9	142.50
Mayo Foundation [1-2]	Rochester, Minn.	C. W. Rucker	..	..	12	12	150
Ancker Hospital [1-2]	St. Paul, Minn.	L. Simons	127	4,102	1	3	156
Charles T. Miller Hospital [1-2]	St. Paul, Minn.	E. Burch	559	2,750	..	2	115
St. Louis County Hospital [1-2]	Clayton, Mo.	D. Bisno	70	2,174	1	2	104
Kansas City General Hospital No. 1	Kansas City, Mo.	A. W. McAlester	104	4,277	1	2	75
Barnes Hospital [1-2]	St. Louis	L. T. Post	1,631	21,401	..	7	25
Homer G. Phillips Hospital [1-2]	St. Louis	L. T. Post	144	3,304	2	3	132.80
St. Louis City Hospital [1-2]	St. Louis	D. Bisno	143	4,754	1	2	132.80
St. Mary's Group of Hospitals [1-2]	St. Louis	J. F. Hardesty	253	6,375	1	3	65
University of Nebraska Hospital [1-2]	Omaha, Neb.	J. H. Judd	159	2,402	1	3	125
Jersey City Medical Center [1-2]	Jersey City, N. J.	F. X. Brophy	294	7,369	2	5	66.66
Newark Eye and Ear Infirmary [1-2]	Newark, N. J.	I. W. Hughes	1,210	7,167	2	2	125
Brooklyn Eye and Ear Hospital [1-2]	Brooklyn	M. V. Moore	2,949	50,856	..	8	...
Jewish Hospital [1-2]	Brooklyn	M. Lasky	212	4,123	1	3	50
Kings County Hospital [1-2]	Brooklyn	W. Moehle	467	13,207	2	4	90
Long Island College Hospital [1-2]	Brooklyn	H. F. Schilbach	151	3,038	2	3	25
Buffalo General Hospital [1-2]	Buffalo	I. J. Koetitz	289	2,605	..	1	125
Edward J. Meyer Memorial Hospital [1-2]	Buffalo	I. J. Koetitz	163	5,137	2	4	179
Millard Fillmore Hospital [1-2]	Buffalo	E. B. Hague	284	...	1	1	150
Queens General Hospital [1-2]	Jamaica, N. Y.	T. D'Angelo	218	6,272	1	1	90
Bellevue Hospital Center							
Division IV—New York University Post-Graduate Medical School [1-2]	New York City	A. G. DeVoe	401	18,703	4	12	80
Beth Israel Hospital [1-2]	New York City	M. L. Berliner	130	3,705	1	1	60
Bronx Eye and Ear Infirmary [2]	New York City	N. J. Gould					
		M. Jaffe		16,801	1	2	50
Goldwater Memorial Hospital [1-2]	New York City	S. Fox	1,015	784	1	3	90
Lenox Hill Hospital [1-2]	New York City	J. J. Reid	289	4,360	1	1	50
Manhattan Eye, Ear and Throat Hospital [1-2]	New York City	H. T. Paton	2,853	67,283	..	10	...
Metropolitan Hospital [1-2]	New York City	C. A. Turtz	76	5,323	1	1	140
Montefiore Hospital [1-2]	New York City	S. Gartner	104	3,558	1	2	60
Mount Sinai Hospital [1-2]	New York City	H. Minsky	200	11,378	2	2	50
New York City Hospital [1-2]	New York City	W. R. Loewe	208	5,864	1	2	90
New York Eye and Ear Infirmary [1-2]	New York City	C. Berens	...	...	4	12	...
New York Hospital [1-2]	New York City	J. M. McLean	549	13,655	2	4	25
New York Polyclinic Medical School and Hospital [2]	New York City	H. H. Romaine	131	5,521	1	3	75
New York University-Bellevue Medical Center	(See also Bellevue Hospital Center, Division IV, and Goldwater Memorial Hospital)						
University Hospital [1-2]	New York City	A. G. DeVoe	299	6,143	4	12	80
Presbyterian Hospital [1-2]	New York City	J. H. Dunnington	2,324	27,750	3	9	208.33
St. Luke's Hospital [1-2]	New York City	W. G. Frey	278	5,719	1	1	60
St. Mary's Hospital [1-2]	Rochester, N. Y.	C. T. Sullivan	378	1,541	1	1	175
Strong Memorial-Rochester Municipal Hosp. [1-2]	Rochester, N. Y.	J. F. Gilpner	448	4,932	..	2	41.66
Sea View Hospital [1-2]	Staten Island, N. Y.	S. Saltzman	2,200	...	1	1	140
State University of New York Medical Center [1-2, s1]	Syracuse, N. Y.	H. H. Joy	249	3,021	1	1	150
Grasslands Hospital [1-2]	Valhalla, N. Y.	C. Wood	106	5,433	1	3	125
Duke Hospital [1-2]	Durham, N. C.	W. B. Anderson	463	4,478	2	6	41.66
McPherson Hospital [1-2]	Durham, N. C.	D. McPherson	622	21,175	1	3	25
North Carolina Baptist Hospital [1]	Winston-Salem, N. C.	W. Roberts	128	2,223	1	2	41.66
Cincinnati General Hospital [1-2]	Cincinnati	D. Lyle	340	9,090	2	4	...
City Hospital [1-2]	Cleveland	G. L. Miller	108	5,166	..	2	94
Cleveland Clinic Hospital [1-2]	Cleveland	R. J. Kennedy	282	18,952	2	6	150
St. Luke's Hospital [1-2]	Cleveland	M. W. Jacoby	384	2,082	1	1	100
University Hospital [1-2]	Cleveland	W. D. Holden	850	6,651	..	3	25
University Hospitals							
Ohio State University Hospital [1-2]	Columbus, Ohio	A. M. Culler	308	8,634	..	3	125
University Hospitals [1-2]	Oklahoma City, Okla.	J. P. Metice	305	3,449	1	2	75
University of Oregon Medical School Hospitals and Clinics [1-2, s7]	Portland, Ore.	K. C. Swan	307	13,926	2	6	85
George F. Geisinger Memorial Hospital [1-2]	Danville, Pa.	C. H. Jacobs	290	11,192	1	2	100
Graduate Hospital of the University of Pennsylvania [1-2]	Philadelphia	E. Spaeth	882	2,950	4	4	...
Hospital of the Univ. of Pennsylvania [1-2, s6]	Philadelphia	F. Adler	574	8,706	..	9	...
Jefferson Medical College Hospital [2]	Philadelphia	A. E. Town	204	7,208	..	..	...
Philadelphia General Hospital [1-2]	Philadelphia	G. Dublin	165	5,827	1	2	112
Temple University Hospital [1-2]	Philadelphia	G. G. Gibson	274	5,256	1	4	...
Wills Eye Hospital [1-2]	Philadelphia		3,905	103,345	6	12	...
Montefiore Hospital [1-2]	Pittsburgh	H. E. Thorpe	413	1,646	1	1	50

Numerical and other references will be found on page 363.

14. OPHTHALMOLOGY—Continued

NONFEDERAL

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	First Year Residencies Offered [4]	Total Residencies Offered [4]	Beginning Stipend (Month)
Pittsburgh Medical Center [10]	Pittsburgh	J. G. Linn	2,005	10,184	2	4	41.66
Robert Packer Hospital [1-3]	Sayre, Pa.	R. E. Prindle	236	...	1	1	150
Roper Hospital [1-3]	Charleston, S. C.	P. G. Perkins	550	1,549	1	3	50
John Gaston Hospital [1-3]	Memphis, Tenn.	P. Lewis	282	6,391	1	2	35
Memphis Eye, Ear, Nose and Throat Hospital [1]	Memphis, Tenn.	P. M. Lewis	1,144	4,969	2	4	125
Parkland Hospital [1-3]	Dallas, Texas	K. Cox	86	2,442	..	..	50
University of Texas Medical Branch Hospitals [1-3,10]	Galveston, Texas	C. S. Sykes	232	4,276	..	2	50
Jefferson Davis Hospital [1-3]	Houston, Texas	E. L. Goar	178	5,611	..	2	50
University of Virginia Hospital [1-3]	Charlottesville, Va.	E. W. Burton	393	3,395	1	3	50
Medical College of Virginia Hospital Division [1-3]	Richmond, Va.	R. H. Courtney	529	6,174	1	3	50
Gill Memorial Eye, Ear and Throat Hospital [1-3]	Roanoke, Va.	E. G. Gill	393	9,855	..	..	150
King County Hospital Unit No. 1 (Harborview) [1-3]	Seattle, Wash.	R. C. Laughlin	92	2,033	1	1	160
University Hospitals State of Wisconsin General Hospital [1-3]	Madison, Wis.	F. A. Davis	616	4,753	1	3	50
St. Joseph's Hospital [1]	Marshfield, Wis.	G. L. McCormick	611	300	1	3	300
Milwaukee County Hospital [1]	Milwaukee	E. F. Carl	542	7,259	1	3	166.66
Gorgas Hospital [2]	Ancon, C. Z.	H. W. Shreck	169	9,858	1	1	...

15. ORTHOPEDIC SURGERY

Type of training acceptable to Board: A—Adult orthopedics; C—Children's orthopedics; F—Fractures.

The following services have been approved by the Council and the American Board of Orthopedic Surgery as offering acceptable training in adult orthopedics, children's orthopedics and fractures. Training in the basic sciences is given either as an integral part of these services or as a separate course. Services collaborating in an integral plan of training are designated by a program number, a list of which is found on page 329.

Residents completing their training in these hospitals are eligible for full certification by the American Board of Orthopedic Surgery, including children's orthopedic surgery.

Hospitals, 196; Assistant Residencies and Residencies, 653

FEDERAL

Name of Hospital	Location	Chief of Service	Type of Training	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [4]	Total Residencies Offered [4]	Program Identification	Beginning Stipend (Month)
UNITED STATES ARMY											
Brooke Army Medical Center [5,101]	San Antonio, Texas	M. S. Thompson	ACF	2,505	10,490	6	6	..	..	...	...
FEDERAL SECURITY AGENCY											
Freedmen's Hospital [1-3]	Washington, D. C.	J. R. Gladden	ACF	253	1,672	5	2	..	1	..	...
VETERANS ADMINISTRATION											
Veterans Admin. Hospital [1]	San Francisco	J. J. Loutzenheiser									
		F. J. Cox	AF	208	567	4	3	1	3	2,3	...
Veterans Admin. Hospital [1]	Hines, Ill.	H. A. Seifeld	AF	3,168	...	17	6	10	10	50	...
Veterans Admin. Hospital [1-3]	Indianapolis	C. F. Thompson	AF	260	...	1	1	1	1	8	...
Veterans Admin. Hospital [1]	Des Moines, Ia.	D. N. Gibson	AF	906	750	..	..	..	2	55	...
Veterans Admin. Hospital [1-3]	Wadsworth, Kan.	R. H. Kiene	AF	433	...	6	6	2	6	18	...
Veterans Admin. Hospital [1-3]	Louisville, Ky.	A. Fischer	AF	983	7,009	3	1	2	4	9	...
Veterans Admin. Hospital [1]	New Orleans	R. H. Aldredge	AF	557	1,443	1	..	2	5	10	...
Veterans Admin. Hospital [1-3]	Fort Howard, Md.	J. P. Miller	AF	359	410	..	..	1	3	46	...
Veterans Admin. Hospital [1-52]	Boston (West Roxbury), Mass.	A. A. Thibodeau	AF	308	1,235	2	2	1	2	13	...
Veterans Admin. Hospital [1-3]	Minneapolis	E. T. Evans	AF	1,062	430	7	4	6	6	16	...
Veterans Admin. Hospital [1-3]	Brooklyn	A. I. Schildaus	AF	504	630	2	2	1	3	52	...
Veterans Admin. Hospital [1-3]	Buffalo	J. D. MacCallum	AF	719	...	4	3	..	2	24	...
Veterans Admin. Hospital [1-3]	New York City	P. K. Sauer	AF	699	1,384	10	7	1	4	22	...
Veterans Admin. Hospital [1-3]	Cleveland	W. H. McGaw	AF	775	864	3	2	3	6	27	...
Veterans Admin. Hospital [1]	Oklahoma City, Okla.	W. West	AF	427	...	..	..	..	1	58	...
Veterans Admin. Hospital [1-3]	Portland, Ore.	H. C. Blair	AF	557	842	..	..	1	3	54	...
Veterans Admin. Hospital [1]	Aspinwall, Pa.	J. Donaldson	AF	853	...	7	4	1	3	44	...
Veterans Admin. Hospital [1-3]	Columbia, S. C.	J. I. Green	AF	1,111	900	..	..	2	5	45	...
Veterans Admin. Hospital [1-3]	Memphis, Tenn.	D. M. Street	AF	1,235	1,288	3	2	3	8	1	...
Veterans Admin. Hospital [1-3]	Dallas, Texas	B. D. Burdeaux	AF	336	...	1	1	3	3	47	...
Veterans Admin. Hospital [1-3]	Houston, Texas	R. W. Leong	AF	835	...	3	2	1	2	49	...
Veterans Admin. Hospital [1]	Salt Lake City	J. A. Gubler	AF	485	1,844	2	2	..	1	34	...
Veterans Admin. Hospital [1-3]	Richmond, Va.	R. D. Butterworth	AF	705	...	2	2	1	3	55	...
Veterans Admin. Hospital [1-3]	Milwaukee	P. L. Carnesale	AF	1,584	1,961	12	6	3	3	40	...

NONFEDERAL

Jefferson-Hillman Hospital [1-3]	Birmingham	J. Sherrill	ACF	1,553	4,303	26	13	1	3	..	50
City Hospital	Mobile, Ala.	W. C. Hannon	ACF	725	1,255	11	3	1	3	..	200
Arkansas Children's Home and Hospital	Little Rock, Ark.	C		351	1,563	..	..	..	2	1	100
Los Angeles County Hospital [1-3]	Los Angeles	A. J. Neufeld	ACF	3,093	46,869	197	12	4	14	..	173
Orthopaedic Hospital [2]	Los Angeles	A. Brockway	ACF	2,379	54,420	2	2	2	5	..	150
Samuel Merritt Hospital	Oakland, Calif.	H. H. Hitchcock	AF	933	...	2	2	1	1	2	100
Children's Hospital [1-3]	San Francisco	L. C. Abbott	C	340	1,242	1	1	..	2	2	125
Franklin Hospital [1-3]	San Francisco	L. C. Abbott	A	1,115	6,094	4	2	1	3	2	105
San Francisco Hospital [1-3]	San Francisco	E. R. Schottstaedt									
		F. J. Cox	AF	225	...	2	..	1	2	2,3	175
Shriners Hospital for Crippled Children [1]	San Francisco	F. C. Bost	C	230	2,203	..	..	..	2	2	100
Stanford University Hospitals [1-3]	San Francisco	D. E. King	AC	826	4,804	..	..	..	2	3	50
University of California Hospital [1-3]	San Francisco	L. C. Abbott	A	223	7,518	..	..	..	2	2	78.75
Children's Hospital [1-3]	Denver	R. G. Packard	C	675	...	5	2	..	1	4	125
University of Colorado Medical Center Colorado General Hospital [1-3]	Denver	H. Swan	AF	233	1,658	11	8	..	1	4	150
Denver General Hospital [1-3,29]	Denver	L. E. Hendryson	AF	265	2,455	4	23	..	1	4	157
Hartford Hospital [1-3]	Hartford, Conn.	R. G. Reynolds	AF	1,456	748	14	7	1	2	5	50
Grace-New Haven Community Hospital New Haven Unit (University Service) [1-3]	New Haven, Conn.	N. M. Shutkin	AF	509	5,408	4	2	..	3	5	40

Numerical and other references will be found on page 363.

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15. ORTHOPEDIC SURGERY—Continued

Name of Hospital	Location	Chief of Service	Type of Training	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Program Identification	Beginning Salary (Month)
Hospital of St. Raphael [1-3]	New Haven, Conn.	D. S. O'Connor	AF	556	1,271	15	8	3	9	43	75
Newington Home and Hospital for Crippled Children [1-3]	Newington, Conn.	B. H. Curtis	C	435	3,708	..	..	..	3	5	100
Alfred I. duPont Institute of the Nemours Foundation [1-3]	Wilmington, Del.	A. R. Shands, Jr.	C	236	2,674	1	..	2	2	19,20	100
Gallinger Municipal Hospital [1-3]	Washington, D. C.	M. C. Cobey									
		J. Neylauser	ACF	505	2,483	18	4	3	5	..	100
Jackson Memorial Hospital [1]	Miami, Fla.	A. H. Welland	ACF	1,549	4,352	37	23	1	3	..	75
American Legion Hospital for Crippled Children [1-3]	St. Petersburg, Fla.	R. C. Lonergan	C	531	4,152	..	..	..	1	7	150
University Hospital [1-3]	Augusta, Ga.	P. B. Wright	ACF	807	1,505	..	..	1	3	..	....
Children's Memorial Hospital [1-3]	Chicago	E. L. Compere	C	183	2,023	2	..	1	1	7	..
Cook County Hospital [1-3]	Chicago	F. Shapiro	ACF	600	7,258	26	4	3	3	..	50
Northwestern University Medical Center Passavant Memorial Hospital [1-3]	Chicago	J. K. Stack									
		E. D. W. Hauser	A	691	3,594	..	..	..	..	7	50
Wesley Memorial Hospital [1-3]	Chicago	E. L. Compere	AF	1,795	....	7	1	..	2	7	50
Evanston Hospital [1-3]	Evanston, Ill.	V. C. Turner	AF	859	1,257	8	1	1	1	7	50
Research and Educational Hospitals [1-3]	Chicago	F. A. Chandler	ACF	736	11,875	5	4	2	6	..	60
St. Elizabeth Hospital	Chicago	C. S. Seuderi	F	655	1,470	2	..	1	1	7	100
Shriners Hospitals for Crippled Children [1]	Chicago	H. A. Scudeld	C	235	2,780	..	..	..	..	50	33
University of Chicago Clinics [1-3]	Chicago	C. H. Hatcher	ACF	634	5,366	4	3	1	4	..	25
St. Francis Hospital [1-3]	Evanston, Ill.	J. J. Fahey	AF	1,036	2,573	17	1	3	3	7	150
West Suburban Hospital	Oak Park, Ill.	H. A. Scfield	AF	369	1,076	6	..	1	1	7,33	150
Indianapolis General Hospital [1]	Indianapolis	T. Horwitz	AF	823	6,636	50	7	1	3	8	100
Indiana University Medical Center [1]	Indianapolis	G. J. Garceau	ACF	1,025	10,851	10	4	2	6	8	150
St. Vincent's Hospital [1]	Indianapolis	G. J. Garceau	AF	1,313	4,107	21	8	1	2	8	250
University Hospitals [1-3]	Iowa City	C. B. Larson	ACF	2,086	4,090	8	6	3	12	55	50
University of Kansas Medical Center [1-3]	Kansas City	J. Weaver	ACF	635	3,280	5	3	1	3	..	125
Kosair Crippled Children Hospital	Louisville, Ky.	R. L. Woodard, Sr.	AF	852	583	1	..	1	4	9	100
Louisville General Hospital [1-3]	Louisville, Ky.	K. A. Fischer	AF	549	6,882	33	3	..	2	9	85
Charity Hospital of Louisiana Louisiana State University Unit [1-3]	New Orleans	H. T. Simon	ACF	1,191	24,230	28	5	2	6	..	25
Tulane University Unit [1-3]	New Orleans	J. K. Wickstrom	ACF	1,339	24,339	30	5	2	6	10	25
Ochsner Foundation Hospital [1-3]	New Orleans	G. L. Caldwell	AF	276	6,173	1	1	1	3	58	150
Touro Infirmary [1-3]	New Orleans	H. D. Morris	ACF	782	1,482	2	1	1	2	10	35
Shreveport Charity Hospital [1]	Shreveport, La.	T. M. Oxford	ACF	817	5,705	24	11	1	4	..	60
Baltimore City Hospitals [1-3]	Baltimore	A. F. Voshell	AF	88	2,853	5	..	..	1	58	35
Children's Hospital [1-3]	Baltimore	G. Bennett	C	505	811	1	..	2	3	46,57	....
James Lawrence Kernan Hospital for Crippled Children [1-3]	Baltimore	A. F. Voshell	C	396	4,212	1	..	..	2	58	100
Johns Hopkins Hospital [1-3]	Baltimore	R. W. Johnson	AF	698	9,996	7	3	..	3	57	....
University Hospital [1-3]	Baltimore	A. F. Voshell	AF	269	4,656	15	2	1	1	58	25
Boston City Hospital [1-2,53]	Boston	R. F. Sullivan	AF	1,135	22,304	12	..	..	7	13,66	132
Children's Medical Center [1-3]	Boston	W. T. Green	C	736	9,379	1	..	3	11	11	41.67
Lahey Clinic [1-3]	Boston	G. E. Haggart	A	704	11,989	1	1	2	4	66	150
Massachusetts General Hospital [1-3]	Boston	J. S. Barr	ACF	1,423	8,106	18	4	4	6	11	66.67
Massa husetts Hospital School [1-53]	Canton, Mass.	P. L. Norton	CF	122	41	1	..	1	1	13,66	450
Shriners Hospital for Crippled Children [1]	Springfield, Mass.	G. deN. Houch, Jr.	C	293	3,533	..	..	2	2	33,66	50
Worcester City Hospital [1-3]	Worcester, Mass.	J. W. O'Meara	ACF	862	1,978	34	10	2	2	..	100
University Hospital [1]	Ann Arbor, Mich.	F. A. Coller	ACF	1,080	10,180	12	9	3	9	..	163.33
Children's Hospital [1]	Detroit	F. Fischer	C	376	2,972	..	..	..	2	12	125
City of Detroit Receiving Hospital [1-3]	Detroit	A. Goetz	F	768	6,243	4	4	..	2	12	233.25
Harper Hospital [1]	Detroit	C. W. Peabody	A	584	999	2	1	1	2	12	225
Henry Ford Hospital [1-3]	Detroit	C. L. Mitchell	ACF	1,095	13,627	8	2	2	6	..	225
Blodgett Memorial Hospital [1-3]	Grand Rapids, Mich.	H. Prantz	AF	194	2,993	1	..	1	3	..	200
Borgess Hospital	Kalamazoo, Mich.	H. Stryker	ACF	289	1,520	3	1	3	3	..	200
Shriners Hospitals for Crippled Children [1-3]	Minneapolis	W. H. Cole	C	206	603	2	..	2	2	16	....
University of Minnesota Hospitals [1-3]	Minneapolis	W. H. Cole	A	203	1,836	4	1	1	2	16	142.50
Mayo Foundation [1-3]	Rochester, Minn.	R. K. Ghormley	ACF	....	....	..	..	5	16	..	150
Gillette State Hospital for Crippled Children [1]	St. Paul, Minn.	C. C. Chatterton	C	719	3,704	2	..	..	..	16	....
Mississippi Baptist Hospital [1]	Jackson, Miss.	T. H. Blake	ACF	1,416	....	17	2	1	1	..	....
University Hospital [1]	Columbia, Mo.	W. J. Stewart	C	401	2,128	..	..	1	1	7	125
Children's Mercy Hospital [1-3]	Kansas City, Mo.	N. S. Pickard	C	198	2,260	1	..	2	2	18	85
Kansas City General Hospital No. 1	Kansas City, Mo.	R. L. Diveley	AF	736	4,375	49	20	..	2	18	75
St. Luke's Hospital [1-3]	Kansas City, Mo.	R. L. Diveley	ACF	779	2,639	..	..	1	3	18	150
Barnes Hospital [1]	St. Louis	J. A. Key	ACF	1,085	4,614	8	4	1	5	..	25
St. Mary's Group of Hospitals [1-3]	St. Louis	R. M. O'Brien	ACF	620	3,396	14	6	2	6	..	65
University of Nebraska Hospital [1-3]	Omaha, Neb.	W. R. Hamsa	ACF	159	1,343	2	2	1	3	..	175
Jersey City Medical Center [1-3]	Jersey City, N. J.	H. C. Benjamin	ACF	573	10,156	55	16	2	4	..	66.66
Monmouth Memorial Hospital [1-3]	Long Branch, N. J.	B. M. Hallstein	ACF	821	1,783	14	8	1	3	..	200
Carrie Tingley Hospital for Crippled Children [1]	Truth or Consequences, N. M.	W. L. Minear	C	1,156	3,878	..	..	..	3	7	85
Albany Hospital [1-3]	Albany, N. Y.	J. W. Ghormley	AF	448	907	12	6	..	2	42	110
House of St. Giles the Cripple [1-3]	Brooklyn	M. Cleveland	C	131	9,863	..	..	..	3	26,41	50
Kings County Hospital [1-3]	Brooklyn	C. Vitale									
		H. Fett	ACF	695	9,554	4	2	2	4	..	90
Long Island College Hospital [1-3]	Brooklyn	H. Feit	AF	679	2,546	3	1	1	3	39	75
St. Charles Hospital and Orthopedic Clinic	Brooklyn	H. Fett	C	292	7,402	1	..	3	3	39,52	125
Buffalo General Hospital [1-3]	Buffalo	F. N. Potts	AF	709	805	17	5	..	2	24	125
Children's Hospital [1-3]	Buffalo	F. N. Potts	C	354	1,215	..	..	..	3	24	75
Meadowbrook Hospital [1-3]	Hempstead, N. Y.	O. C. Hudson	F	917	....	62	21	1	2	38	200
Nassau Hospital [1-3]	Mineola, N. Y.	O. C. Hudson	AF	1,667	....	13	..	1	2	38	....
Bellevue Hospital Center Division IV—New York University Post-Graduate Medical School [1-3]	New York City	W. A. L. Thompson	ACF	444	5,737	14	6	2	6	51	60
Hospital for Joint Diseases [1-3]	New York City		ACF	2,747	29,213	22	12	4	12	..	60
Hospital for Special Surgery [1]	New York City	F. D. Wilson	ACF	1,530	25,055	8	4	3	8	22	150
Mount Sinai Hospital [1-3]	New York City	R. K. Lippmann	ACF	384	6,140	6	4	3	3	..	50
New York Polyclinic Medical School and Hospital [1-3]	New York City	D. M. Bosworth	F	308	1,831	1	0	1	2	26	75
New York University-Bellevue Medical Center	New York City	(See Bellevue Hospital Center, Division IV, and Rehabilitation Center, West Haverstraw, N. Y.)									
Presbyterian Hospital (New York Orthopaedic Dispensary and Hospital) [1-3]	New York City	A. DeF. Smith	ACF	2,034	40,472	7	4	6	19	..	208.33
St. Luke's Hospital [1-3]	New York City	M. Cleveland	ACF	794	4,773	8	2	1	3	41	60
St. Charles Hospital [1]	Port Jefferson, N. Y.	F. S. Child	C	540	14,826	..	..	2	2	38,43	100
Rochester General Hospital [1-3]	Rochester, N. Y.	H. B. Crawford	A	735	1,325	11	9	..	..	31	100
Strong Memorial-Rochester Municipal Hospital [1-3]	Rochester, N. Y.	R. P. Schwartz	ACF	1,053	4,139	..	..	2	6	31	41.66

Numerical and other references will be found on page 363.

15. ORTHOPEDIC SURGERY—Continued

Name of Hospital	Location	Chief of Service	Type of Training	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Program Identification	Beginning Stipend (Month)
Ellis Hospital [1-3]	Schenectady, N. Y.	W. Gazeley	AC	1,164	...	4	1	1	1	42	125
St. Vincent's Hospital	Staten Island, N. Y.		F	...	...	..	..	..	..	26	...
Sea View Hospital [1-3]	Staten Island, N. Y.	D. Bosworth	A	118	...	10	1	3	3	26	140
Rehabilitation Hospital [1-3]	W. Haverstraw, N. Y.	J. C. McCauley, Jr.	AC	517	612	2	1	4	4	14,51	125
Charlotte Memorial Hospital [1-3]	Charlotte, N. C.	H. Winkler	AF	1,373	1,734	8	2	1	3	48	150
Duke Hospital [1-3]	Durham, N. C.	L. D. Baker	ACF	823	6,187	2	..	5	15	19	200
North Carolina Orthopedic Hospital	Gastonia, N. C.	W. M. Roberts	C	361	6,329	1	..	1	1	19	...
Children's Hospital [1-3]	Akron, Ohio	P. C. Doran	C	455	1,900	..	..	2	2	15	200
City Hospital [1-3]	Akron, Ohio	A. E. Davis	AF	1,823	597	4	..	2	8	15	200
Children's Hospital [1]	Cincinnati	J. A. Freiberg	C	...	...	..	..	1	1	17	...
Cincinnati General Hospital [1-3]	Cincinnati	J. A. Freiberg	AF	210	3,081	3	2	2	5	17	...
Jewish Hospital [1-3]	Cincinnati	J. A. Freiberg	A	677	415	10	3	..	1	17	145
Cleveland Clinic Hospital [1-3]	Cleveland	J. A. Dickson	ACF	696	14,709	3	2	2	8	..	150
University Hospital [1-3]	Cleveland	W. D. Holden	ACF	981	3,388	5	4	..	2	..	25
University Hospitals											
Children's Hospital [1-3]	Columbus, Ohio	H. Wilson	C	...	...	..	..	..	2	25	186
Mount Carmel Hospital [1-3]	Columbus, Ohio	E. H. Wilson	AF	1,160	1,377	11	1	..	2	25	225
Ohio State University Hospital	Columbus, Ohio		AF	...	...	..	..	..	..	25	...
White Cross Hospital [1-3]	Columbus, Ohio	J. D. Wilson	AF	1,222	...	10	4	1	3	25	275
Elyria Memorial Hospital	Elyria, Ohio	C. H. Heyman	C	470	2,694	..	..	1	1	27	225
St. Vincent's Hospital [1-3]	Toledo, Ohio	A. L. Bershon	ACF	1,136	...	19	8	1	2	..	200
Bone and Joint Hospital	Oklahoma City, Okla.	J. D. McBride	AF	2,144	32,500	11	4	2	8	53	150
St. Anthony Hospital	Oklahoma City, Okla.	W. K. West	A	1,260	727	15	5	1	1	53	150
University Hospitals [1-3]	Oklahoma City, Okla.	D. H. O'Donoghue	ACF	1,249	7,823	8	..	2	6	53	75
Emanuel Hospital [1-3]	Portland, Ore.	R. Begg	AF	1,900	...	23	6	1	2	28	85
Shriners Hospital for Crippled Children	Portland, Ore.	L. S. Lucas	C	376	2,671	..	..	1	1	28	85
University of Oregon Medical School Hospitals and Clinics [1-3]	Portland, Ore.	L. S. Lucas	AF	534	5,911	14	9	2	8	28	85
George F. Geisinger Memorial Hospital	Danville, Pa.		AF	...	...	..	..	..	6	...	...
State Hospital for Crippled Children [1]	Elizabethtown, Pa.	T. Outland	C	301	2,979	1	1	..	3	21,56	250.50
Hahnemann Hospital [1-3]	Philadelphia	G. W. Fortune	ACF	1,3.3	613	19	6	1	2	..	175
Children's Hospital	Philadelphia	J. T. Nicholson	C	175	2,883	..	..	2	2	23	...
Graduate Hospital of the University of Pennsylvania [1-3]	Philadelphia	J. T. Nicholson	A	231	1,468	..	..	1	1	23	...
Hospital of the University of Pennsylvania [1-3]	Philadelphia	P. Colonna	ACF	818	6,181	8	8	..	7	20	...
Jefferson Medical College Hospital [1-3]	Philadelphia	A. F. De Palma	AF	771	5,192	9	2	..	..	21	100
Philadelphia General Hospital [1-3]	Philadelphia	J. R. Moore	ACF	673	5,468	92	16	2	6	23	112
Shriners Hospital for Crippled Children [1-3]	Philadelphia	J. R. Moore	C	300	3,573	..	..	1	3	29	75
Temple University Hospital [1-3]	Philadelphia	J. R. Moore	AF	1,195	3,936	12	3	2	6	29	...
Allegheny General Hospital [1-3]	Pittsburgh	P. B. Steele and J. A. Heberling	ACF	1,223	9,818	11	5	..	2	30	150
Children's Hospital [1-3]	Pittsburgh	J. S. Donaldson	C	410	3,877	..	..	..	1	6,30,44	58.33
Presbyterian Hospital [1]	Pittsburgh	J. S. Donaldson	AF	456	1,737	..	..	2	2	30	41.66
St. Francis Hospital [1]	Pittsburgh	C. C. Yount	A	307	1,110	1	..	..	1	30	150
Robert Packer Hospital [1-3]	Sayre, Pa.	D. R. Baker	ACF	979	5,589	4	1	1	3	..	150
Rhode Island Hospital [1-3]	Providence, R. I.	H. McCusker	ACF	1,388	13,496	27	6	2	4	..	60
Roper Hospital [1-3]	Charleston, S. C.	F. A. Hoshall	ACF	687	3,312	13	4	1	3	45	50
Columbia Hospital [1-3]	Columbia, S. C.	W. A. Boyd	A F	1,531	...	17	2	1	2	..	125
Greenville General Hospital [1-3]	Greenville, S. C.	F. H. Stelling	AF	704	1,488	8	..	1	1	19	...
Shriners Hospitals for Crippled Children [1-3]	Greenville, S. C.	F. H. Stelling	C	363	3,024	1	..	2	3	19,48	100
St. Mary's Memorial Hospital [1-3]	Knoxville, Tenn.	T. Bagwell	ACF	1,137	1,162	12	5	2	4	..	300
Campbell Clinic Hospital	Memphis, Tenn.	J. S. Speed	ACF	2,166	16,882	10	..	4	12	..	50
Baylor University Hospital [1-3]	Dallas, Texas	F. L. Butte	A	2,294	915	21	2	1	3	32	75
Parkland Hospital [1-3]	Dallas, Texas	P. M. Girard	F	180	3,292	..	..	..	..	32	50
Texas Scottish Rite Hospital for Crippled Children	Dallas, Texas	R. Carrell	C	561	4,819	1	..	1	3	32,47	75
Hermann Hospital	Houston, Texas	E. T. Smith	ACF	1,695	714	6	2	1	4	..	75
Jefferson Davis Hospital [1-3]	Houston, Texas	F. A. Bloom	ACF	624	5,628	18	4	1	2	49	50
St. Mark's Hospital [1-3]	Salt Lake City	P. A. Pemberton	C	428	...	1	1	..	..	34	200
Salt Lake County General Hospital [1-3]	Salt Lake City	P. A. Pemberton	F	179	1,672	12	6	1	3	34	100
University of Virginia Hospital [1-3]	Charlottesville, Va.	J. H. Allan	ACF	663	4,135	5	3	1	3	14	50
Crippled Children's Hospital [1-3]	Richmond, Va.	H. P. Mauck	C	391	500	2	1	..	2	35	100
Medical College of Virginia—Hospital Division [1-3]	Richmond, Va.	H. P. Mauck	AF	1,376	4,453	26	17	3	6	35	50
Children's Orthopedic Hospital [1-3]	Seattle, Wash.	J. F. LeCocq	C	440	5,977	1	1	1	2	36	90
King County Hospital, Unit No. 1, (Harborview) [1-3,115]	Seattle, Wash.	R. D. Ray	AF	941	5,235	39	17	..	1	36	135
Providence Hospital [1-3]	Seattle, Wash.	H. T. Buckner	A	756	272	2	1	1	1	36	110
Shriners Hospital for Crippled Children [1-3]	Spokane, Wash.	J. V. Brown	C	215	996	1	1	..	1	36	...
Charleston General Hospital [1]	Charleston, W. Va.	G. Miyakawa	AF	784	7,019	9	2	1	2	78	175
St. Mary's Hospital [1-3]	Huntington, W. Va.	F. A. Scott	AF	1,351	780	15	1	1	1	78	125
Morris Memorial Hospital for Crippled Children [1]	Milton, W. Va.	W. B. McCracken	C	507	36	11	5	..	2	78	150
University Hospitals											
State of Wisconsin General Hospital [1-3]	Madison, Wis.	R. E. Burns	ACF	1,426	6,257	22	9	2	6	..	50
Columbia Hospital [1-3]	Milwaukee, Wis.	H. C. Schumm	AF	745	...	5	2	1	3	37	125
Milwaukee Children's Hospital [1]	Milwaukee, Wis.	A. C. Schmidt	C	...	...	..	..	2	2	37	90
Shriners Hospital for Crippled Children [1-3]	Honolulu, T. H.	J. W. White	C	188	5,197	..	..	1	1	50	100

The following services have been approved by the Council and the American Board of Orthopedic Surgery as offering acceptable training in adult orthopedics and fractures. Training in the basic sciences is given as an integral part of these services or as a separate course. Services collaborating in an integrated plan of training are designated by a program number, a list of which is found on page 329.

Residents completing their training in these hospitals are eligible for limited certification by the American Board of Orthopedic Surgery, not to include children's orthopedic surgery.

Hospitals, 35; Assistant Residencies and Residencies, 89

FEDERAL

Name of Hospital	Location	Chief of Service	Type of Training	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Program Identification	Beginning Stipend (Month)
UNITED STATES ARMY											
Letterman Army Hospital	San Francisco	E. A. Bray	AF	2,122	2,916	3	2	..	..	..	...
Fitzsimons Army Hospital	Denver	L. W. Taylor	AF	845	4,093	1	1	..	..	..	...
Army Medical Center [12]	Washington, D. C.	A. W. Spittler	AF	1,663	6,575	4	4	3	9	..	...

Numerical and other references will be found on page 363.

15. ORTHOPEDIC SURGERY—Continued

FEDERAL

Name of Hospital	Location	Chief of Service	Type of Training	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [8]	Total Residencies Offered [8]	Program Identification	Beginning Stipend (Month)
UNITED STATES NAVY											
U. S. Naval Hospital [1]	Oakland, Calif.	F. P. Kreuz	AF	2,414	4,988	3	3	..	..	..	...
U. S. Naval Hospital [1-2]	Bethesda, Md.	C. R. Carr	AF	1,143	4,254	1	1	..	..	..	...
U. S. Naval Hospital [1]	Chelsea, Mass.	C. F. Morrison	AF	375	1,270	1	1	..	..	..	...
U. S. Naval Hospital [1]	St. Albans, N. Y.	H. A. Markowitz	AF	1,700	...	..	..	..	..	..	...
U. S. Naval Hospital	Philadelphia	H. E. Wirgins	AF	1,499	7,695	6	2	..	..	..	...
U. S. Naval Hospital	Portsmouth, Va.		AF	...	...	..	..	..	..	..	...
U. S. PUBLIC HEALTH SERVICE											
U. S. Public Health Service Hospital [1-2]	Staten Island, N. Y.	C. J. Wagner	AF	1,962	10,167	2	2	..	4	..	...
VETERANS ADMINISTRATION											
Veterans Admin. Hospital [1-2]	Long Beach, Calif.	R. H. Hall	AF	844	3,152	3	1	4	4	..	...
Veterans Admin. Hospital [1-2]	Los Angeles	R. Mazet	AF	1,601	3,389	5	5	3	8	..	...
Veterans Admin. Hospital [1-2]	Denver	M. E. Gibbens	AF	273	...	..	..	1	2	..	...
Veterans Admin. Hospital [1-2]	Framingham, Mass.	H. H. Paxton	AF	704	858	..	..	..	3	..	...
Veterans Admin. Hospital [1]	Jefferson Bks., Mo.	M. Roche	AF	849	...	6	4	1	1	..	...
Veterans Admin. Hospital [1]	Lincoln, Neb.	J. E. M. Thomson	AF	284	350	..	..	2	3	..	...
Veterans Admin. Hospital [1-2]	McKenney, Texas	V. M. Bryant	AF	1,089	...	4	4	2	5	..	...
NONFEDERAL											
Lloyd Noland Hospital [1-2]	Fairfield, Ala.	C. H. Wilson	AF	672	10,944	4	1	1	2	..	225
White Memorial Hospital [1-2]	Los Angeles	G. M. Taylor	AF	564	5,043	2	1	1	3	..	132
San Diego County General Hospital [1-2]	San Diego	F. E. West	AF	367	1,840	33	..	1	3	..	125
St. Mary's Hospital [1-2]	San Francisco	J. J. Loutzenheiser	AF	1,401	1,119	16	5	1	2	..	100
St. Luke's Hospital [1-2]	Chicago	F. A. Chandler	AF	693	1,239	5	3	1	2	..	50
Methodist Hospital [1-2]	Indianapolis	R. L. Keenan	AF	1,702	...	26	10	2	4	..	200
Jewish Hospital [1-2]	Brooklyn	J. Milgram	AF	647	6,397	4	1	1	2	..	50
Methodist Hospital [1-2]	Brooklyn	H. P. Lauge	AF	633	2,647	11	1	1	1	..	75
Edward J. Meyer Memorial Hospital [1-2]	Buffalo	H. Blanco	AF	130	1,329	1	..	1	2	..	170
Queens General Hospital [1-2]	Jamaica, N. Y.	F. Courten	AF	267	14,297	13	2	1	3	..	90
Flower and Fifth Avenue Hospitals [1-2]	New York City	M. J. Wilson	AF	202	2,526	..	..	1	1	67	...
Lenox Hill Hospital [1-2]	New York City	W. S. Galland and A. Wesenthal	AF	535	1,946	10	2	1	1	..	50
Metropolitan Hospital [1-2]	New York City	M. J. Wilson	AF	818	3,496	35	2	2	3	67	90
North Carolina Baptist Hospital [1]	Winston-Salem, N. C.	R. A. Moore	AF	396	9,137	8	..	..	1	..	41.66
St. Luke's Hospital [1-2]	Cleveland	W. H. McGraw	AF	904	1,705	7	3	1	4	..	125
Youngstown Hospital [1-2]	Youngstown, Ohio	R. R. Morrall	AF	957	1,430	21	9	1	2	..	125
Hahnemann Medical College and Hospital [1-2]	Philadelphia	E. O. Geckeler	AF	1032	6,498	14	1	2	4	..	50
University of Texas Medical Branch Hospitals [1-2,10]	Galveston, Texas	G. W. N. Eggers	AF	573	4,823	11	5	1	3	..	75

The following services are approved by the Council and the American Board of Orthopedic Surgery as offering acceptable training in one or more but not all categories of orthopedic surgery. Hospitals included in this list are urged to develop a full three year program, either independently or in collaboration with other institutions in order to assure applicants for appointment of an opportunity for completing their training with progressive graded responsibility.

Hospitals, 32; Assistant Residencies and Residencies, 50

FEDERAL

Name of Hospital	Location	Chief of Service	Type of Training	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [8]	Total Residencies Offered [8]	Program Identification	Beginning Stipend (Month)
UNITED STATES NAVY											
U. S. Naval Hospital	San Diego	M. C. Krepela	AF	2,404	7,428	6	5	..	..	..	...
VETERANS ADMINISTRATION											
Veterans Admin. Hospital [1-2]	Dearborn, Mich.	H. E. Pedersen	A	674	1,432	3	2	..	1	..	...
NONFEDERAL											
Children's Hospital [1-2]	Los Angeles	J. C. Wilson	C	548	5,331	..	..	2	2	..	150
Highland-Alameda County Hospital [1-2]	Oakland, Calif.	L. Barnard	AF	818	4,198	42	5	..	..	..	170
St. Joseph's Hospital [1-2]	San Francisco	R. Soto-Hall	A	808	2,376	4	1	1	1	..	150
Santa Clara County Hospital [1-2]	San Jose, Calif.	N. A. Ahlund	AF	132	2,620	2	4	1	1	..	200
Sonoma County Hospital [1-2]	Santa Rosa, Calif.	R. D. Robbins	C	194	761	17	12	1	1	..	350
Hope Haven Hospital [1]	Jacksonville, Fla.	F. Fort	C	252	1,097	1	..	..	1	..	100
Scottish Rite Hospital for Crippled Children	Decatur, Ga.	J. H. Kite	C	709	3,160	3	..	1	1	..	150
Emory University Hospital [1-2]	Emory University, Ga.	R. P. Kelly	C	497	...	2	2	..	1	..	50
Alexian Brothers Hospital [1]	Chicago	C. N. Pease	F	304	...	..	..	1	1	7	125
Illinois Masonic Hospital [1-2]	Chicago	C. Pease and W. Fischer	AF	303	5,915	..	..	2	2	..	90
Michael Reese Hospital [1-2]	Chicago	P. Lewin	AC	1,007	3,514	5	4	1	3	..	75
St. Francis Hospital [1-2]	Peoria, Ill.	H. E. Cooper	AC F	572	300	2	1	..	1	..	100
Iowa Methodist Hospital [1-2]	Des Moines, Iowa	D. Gibson	AF	696	...	10	2	1	1	..	100
Mercy Hospital [1-2]	Iowa City	A. Steindler	A	539	3,500	1	1	2	4	..	150
Shriners Hospital for Crippled Children [1]	Shreveport, La.	G. D. Caldwell	C	165	1,015	..	..	..	1	..	100
St. Louis City Hospital [1-2]	St. Louis, Mo.	E. Hobscher and I. Horwitz	F	831	1,188	65	4	1	2	..	132.80
Shriners Hospital for Crippled Children	St. Louis, Mo.	C. H. Crago	C	318	2,304	..	..	..	2	..	150
Nebraska Orthopedic Hospital [1]	Lincoln, Neb.	H. W. Orr	C	805	4,619	..	..	..	2	..	150
Hospital for Crippled Children [1-2]	Newark, N. J.	H. H. Kessler and T. Nicols	AC	857	...	..	..	2	2	..	75
New Jersey Orthopaedic Hospital [1-2]	Orange, N. J.	H. W. Smith	AC	821	16,415	..	..	1	2	80	90
Orange Memorial Hospital [1-2]	Orange, N. J.	H. Briggs	F	536	793	15	1	1	1	80	100
Orthopaedic Hospital and Dispensary [1-2]	Trenton, N. J.	R. B. Ernest	A	550	8,400	12	..	1	1	..	200
Binghamton City Hospital [1-2]	Binghamton, N. Y.	A. Carpenter	AC	459	...	1	1	1	2	..	137
Millard Fillmore Hospital [1-2]	Buffalo, N. Y.	P. Blanco	A	482	...	8	4	1	1	..	150
New York Hospital [1-2]	New York City	F. L. Liebolt	AC	420	8,500	5	1	1	2	..	75
Mount Sinai Hospital [1-2]	Cleveland	R. S. Reich	AF	1,538	1,050	10	3	..	2	..	215
Reading Hospital [1]	Reading, Pa.	F. J. Morrissey	AF	648	2,317	14	3	1	1	..	175
Baroness Erlanger Hospital [1-2]	Chattanooga, Tenn.	R. C. Robertson	AF	1,257	1,389	16	3	1	2	..	150
St. Joseph's Infirmary [1]	Houston, Texas	I. S. McReynolds	AF	553	1,808	3	1	1	2	..	150
Scott and White Memorial Hospitals [1-2]	Temple, Texas	R. A. Murray	AF	548	2,238	..	..	..	2	..	200

Numerical and other references will be found on page 363.

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PROGRAM IDENTIFICATION

Program Number	Hospital	Location
1.	Veterans Admin. Hospital	Memphis
	Arkansas Children's Home and Hospital	Little Rock, Ark.
2.	Veterans Admin. Hospital	San Francisco
	Samuel Merritt Hospital	Oakland
	Children's Hospital	San Francisco
	Franklin Hospital	San Francisco
	San Francisco Hospital	San Francisco
	Shriners Hospital for Crippled Children	San Francisco
	University of California Hospital	San Francisco
3.	Veterans Admin. Hospital	San Francisco
	San Francisco Hospital	San Francisco
	Stanford University Hospital	San Francisco
4.	Children's Hospital	Denver
	Colorado General Hospital	Denver
	Denver General Hospital	Denver
5.	Hartford Hospital	Hartford, Conn.
	Grace-New Haven Community Hospital New Haven Unit (University Service)	New Haven, Conn.
	Newington Home and Hospital for Crippled Children	Newington, Conn.
6.	Grasinger Memorial Hospital	Danville, Pa.
	Children's Hospital	Pittsburgh
7.	American Legion Hospital for Crippled Children	St. Petersburg, Fla.
	Children's Memorial Hospital	Chicago
	Passavant Memorial Hospital	Chicago
	St. Elizabeth Hospital	Chicago
	Wesley Memorial Hospital	Chicago
	Evanston Hospital	Evanston, Ill.
	St. Francis Hospital	Evanston, Ill.
	West Suburban Hospital	Oak Park, Ill.
	University Hospitals	Columbia, Mo.
	Carrie Tingley Hospital for Crippled Children	Hot Springs, N. M.
8.	Veterans Admin. Hospital	Indianapolis
	Indianapolis General Hospital	Indianapolis
	Indiana University Medical Center	Indianapolis
	St. Vincent's Hospital	Indianapolis
9.	Veterans Admin. Hospital	Louisville
	Kosair Crippled Children Hospital	Louisville
	Louisville General Hospital	Louisville
10.	Veterans Admin. Hospital	New Orleans
	Charity Hospital of Louisiana Tulane University Unit	New Orleans
	Touro Infirmary	New Orleans
11.	Children's Hospital	Boston
	Massachusetts General Hospital	Boston
12.	Children's Hospital	Detroit
	City of Detroit Receiving Hospital	Detroit
	Harper Hospital	Detroit
13.	Veterans Admin. Hospital	Boston
	Boston City Hospital	Boston
	Massachusetts Hospital School	Canton, Mass.
14.	Rehabilitation Hospital	West Haverstraw, N. Y.
	University of Virginia Hospital	Charlottesville, Va.
15.	Children's Hospital	Akron, Ohio
	City Hospital	Akron, Ohio
16.	Veterans Admin. Hospital	Minneapolis
	Shriners Hospital for Crippled Children	Minneapolis
	University of Minnesota Hospitals	Minneapolis
	Gillette State Hospital for Crippled Children	St. Paul, Minn.
17.	Children's Hospital	Cincinnati
	Cincinnati General Hospital	Cincinnati
	Jewish Hospital	Cincinnati
18.	Veterans Admin. Hospital	Wadsworth, Kans.
	Children's Mercy Hospital	Kansas City, Mo.
	Kansas City General Hospital No. 1	Kansas City, Mo.
	St. Luke's Hospital	Kansas City, Mo.
19.	Alfred I. du Pont Institute of the Nemours Foundation	Wilmington, Del.
	Duke Hospital	Durham, N. C.
	North Carolina Orthopaedic Hospital	Gastonia, N. C.
	Greenville General Hospital	Greenville, S. C.
	Shriners Hospital for Crippled Children	Greenville, S. C.
20.	Alfred I. du Pont Institute of the Nemours Foundation	Wilmington, Del.
	Hospital of the University of Pennsylvania	Philadelphia
21.	State Hospital for Crippled Children	Elizabethtown, Pa.
	Jefferson Medical College Hospital	Philadelphia
22.	Veterans Admin. Hospital	New York City
	Hospital for Special Surgery	New York City
23.	Children's Hospital	Philadelphia
	Graduate Hospital of the University of Pennsylvania	Philadelphia
	Philadelphia General Hospital	Philadelphia
24.	Veterans Admin. Hospital	Buffalo
	Buffalo General Hospital	Buffalo
	Children's Hospital	Buffalo
25.	Children's Hospital	Columbus, Ohio
	Mount Carmel Hospital	Columbus, Ohio
	University Hospitals Ohio State University Hospital	Columbus, Ohio
	White Cross Hospital	Columbus, Ohio
26.	House of St. Giles the Cripple	Brooklyn
	New York Polyclinic Medical School and Hospital	New York City
	St. Vincent's Hospital	Staten Island, N. Y.
	Seaview Hospital	Staten Island, N. Y.
27.	Veterans Admin. Hospital	Cleveland
	Elyria Memorial Hospital	Elyria, Ohio
28.	Emanuel Hospital	Portland, Ore.
	Shriners Hospital for Crippled Children	Portland, Ore.
	University of Oregon Medical School Hospitals and Clinics	Portland, Ore.
29.	Shriners Hospital for Crippled Children	Philadelphia
	Temple University Hospital	Philadelphia
30.	Allegheny General Hospital	Pittsburgh
	Children's Hospital	Pittsburgh
	Presbyterian Hospital	Pittsburgh
	St. Francis Hospital	Pittsburgh
31.	Rochester General Hospital	Rochester, N. Y.
	Strong Memorial-Rochester Municipal Hospitals	Rochester, N. Y.
32.	Baylor University Hospital	Dallas, Texas
	Parkland Hospital	Dallas, Texas
	Texas Scottish Rite Hospital for Crippled Children	Dallas, Texas
33.	West Suburban Hospital	Oak Park, Ill.
	Shriners Hospital for Crippled Children	Springfield, Mass.
34.	Veterans Admin. Hospital	Salt Lake City
	St. Mark's Hospital	Salt Lake City
	Salt Lake County General Hospital	Salt Lake City
35.	Veterans Admin. Hospital	Richmond, Va.
	Crippled Children's Hospital	Richmond, Va.
	Medical College of Virginia-Hospital Division	Richmond, Va.
36.	Children's Orthopedic Hospital	Seattle
	King County Hospital, Unit No. 1 (Harborview)	Seattle
	Providence Hospital	Seattle
37.	Columbia Hospital	Milwaukee
	Milwaukee Children's Hospital	Milwaukee
38.	Meadowbrook Hospital	Hempstead, N. Y.
	Nassau Hospital	Mineola, N. Y.
	St. Charles Hospital for Crippled Children	Port Jefferson, N. Y.
39.	Long Island College Hospital	Brooklyn
	St. Charles Hospital Orthopedic Clinic	Brooklyn
40.	Veterans Admin. Hospital	Milwaukee
	Milwaukee Children's Hospital	Milwaukee
41.	House of St. Giles the Cripple	Brooklyn
	St. Luke's Hospital	New York City
42.	Albany Hospital	Albany, N. Y.
	Ellis Hospital and Eastern New York Orthopedic Hospital School	Schenectady, N. Y.
43.	Hospital of St. Raphael	New Haven, Conn.
	St. Charles Hospital for Crippled Children	Port Jefferson, N. Y.
44.	Veterans Admin. Hospital	Aspinwall, Pa.
	Children's Hospital	Pittsburgh
45.	Veterans Admin. Hospital	Columbia, S. C.
	Roper Hospital	Charleston, S. C.
46.	Veterans Admin. Hospital	Fort Howard, Md.
	Children's Hospital School	Baltimore
47.	Veterans Admin. Hospital	Dallas, Texas
	Texas Scottish Rite Hospital for Crippled Children	Dallas, Texas
48.	Charlotte Memorial Hospital	Charlotte, N. C.
	Shriners Hospital for Crippled Children	Greenville, S. C.
49.	Veterans Admin. Hospital	Houston, Tex.
	Jefferson Davis Hospital	Houston, Tex.
50.	Veterans Admin. Hospital	Hines, Ill.
	Shriners Hospital for Crippled Children	Chicago
	Shriners Hospital for Crippled Children	Honolulu, Hawaii
51.	Bellevue Hospital Center, Division III—New York University Medical College	New York City
	Rehabilitation Hospital	West Haverstraw, N. Y.
52.	Veterans Admin. Hospital	Brooklyn
	St. Charles Hospital Orthopedic Clinic	Brooklyn
53.	Veterans Admin. Hospital	Oklahoma City
	Bone and Joint Hospital	Oklahoma City
	St. Anthony Hospital	Oklahoma City
	University Hospitals	Oklahoma City
54.	Veterans Admin. Hospital	Portland, Ore.
	Shriners Hospital for Crippled Children	Spokane, Wash.
55.	Veterans Admin. Hospital	Des Moines, Ia.
	University Hospitals	Iowa City
56.	Ochsner Foundation Hospital	New Orleans
	State Hospital for Crippled Children	Elizabethtown, Pa.
57.	Children's Hospital School	Baltimore
	Johns Hopkins Hospital	Baltimore
58.	Baltimore City Hospital	Baltimore
	James Lawrence Kernan Hospital for Crippled Children	Baltimore
	University Hospital	Baltimore
60.	Boston City Hospital	Boston
	Lahey Clinic	Boston
	Massachusetts Hospital School	Canton, Mass.
	Shriners Hospital for Crippled Children	Springfield, Mass.
67.	Flower and Fifth Avenue Hospital	New York City
	Metropolitan Hospital	New York City
78.	Charleston General Hospital	Charleston, W. Va.
	St. Mary's Hospital	Huntington, W. Va.
	Morris Memorial Hospital	Milton, W. Va.
80.	New Jersey Orthopaedic Hospital	Orange, N. J.
	Orange Memorial Hospital	Orange, N. J.

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16. OTOLARYNGOLOGY

The following services have been approved for three years of training by the Council and the American Board of Otolaryngology. Hospitals, 111; Assistant Residencies and Residencies, 347

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	First Year Residencies Offered*	Total Residencies Offered*	Beginning Stipend (Month)
FEDERAL							
UNITED STATES ARMY							
Letterman Army Hospital	San Francisco	W. A. Weller	1,593	7,802	..	..	...
Army Medical Center [2]	Washington, D. C.	V. J. Erkenbeck	1,756	8,991	2	6	...
Brooke Army Hospital [2,10†]	San Antonio, Texas	H. S. Murphey	788	11,577	..	..	...
UNITED STATES NAVY							
U. S. Naval Hospital [1]	Oakland, Calif.	B. N. Ahl	1,012	4,032	..	..	...
U. S. Naval Hospital	San Diego	A. J. Delaney	960	47,998	..	..	...
U. S. Naval Hospital [1-3]	Bethesda, Md.	F. Harbert	1,307	5,587	..	3	...
U. S. Naval Hospital	Philadelphia	H. G. Bullwinkel	1,057	...	..	..	...
VETERANS ADMINISTRATION							
Veterans Admin. Hospital [1-3]	Long Beach, Calif.	S. Kaplan	432	2,190	2	2	...
Veterans Admin. Hospital [1-3]	Los Angeles	C. Mumma	584	3,851	1	3	...
Veterans Admin. Hospital [1]	San Francisco	L. Morrison and W. Work	280	2,215	1	3	...
Veterans Admin. Hospital [1-3]	Washington, D. C.	E. C. Jenkins	192	6.6	..	1	...
Veterans Admin. Hospital [1]	Chamblee, Ga.	H. D. Smith	541	949	1	3	...
Veterans Admin. Hospital [1]	Hines, Ill.	F. L. Lederer	1,270	...	4	4	...
Veterans Admin. Hospital [1-3]	Wadsworth, Kan.	N. E. Lacy	522	...	1	3	...
Veterans Admin. Hospital [1-3]	Louisville, Ky.	H. Oppenheim	226	3,434	1	1	...
Veterans Admin. Hospital [1-3]	Framingham, Mass.	E. P. Tomb	994	1,118	..	1	...
Veterans Admin. Hospital [1-3]	Minneapolis, Minn.	H. V. Hanson	227	103	4	4	...
Veterans Admin. Hospital [1]	Jefferson Barracks, Mo.	R. Votaw	3,708	...	1	1	...
Veterans Admin. Hospital	Brooklyn, N. Y.	...	...	...	..	..	...
Veterans Admin. Hospital [1-3]	New York City	D. H. Jones	903	2,216	1	4	...
Veterans Admin. Hospital [1]	Aspinwall, Pa.	R. J. Caparosa	425	...	1	3	...
Veterans Admin. Hospital [1]	Memphis, Tenn.	S. D. Mason	755	854	3	4	...
Veterans Admin. Hospital [1-3]	Dallas, Texas	C. D. Winborn	156	...	..	2	...
Veterans Admin. Hospital [1-3]	Houston, Texas	H. H. Harris	406	...	1	3	...
Veterans Admin. Hospital [1-3]	Milwaukee	G. Straus	273	3,746	3	3	...
NONFEDERAL							
Children's Hospital [1-3]	Los Angeles	A. Miller	1,440	8,289	..	1	150
Eye and Ear Hospital [1]	Los Angeles	A. H. Miller	1,776	5,696	1	3	150
Los Angeles County Hospital [1-3]	Los Angeles	A. H. Miller	2,536	16,914	2	4	173
White Memorial Hospital [1-3]	Los Angeles	H. J. Hara	988	7,979	1	2	132
San Diego County General Hospital	San Diego, Calif.	...	...	...	..	..	...
Stanford University Hospitals [1-3]	San Francisco	R. C. McNaught	731	7,651	..	2	50
University of California Hospital [1-3,11]	San Francisco	L. F. Morrison	494	7,977	..	2	78.75
University of Colorado Medical Center Colorado General Hospital [1-3]	Denver	H. L. Hickey	183	5,584	..	2	150
Denver General Hospital [1-3,20]	Denver	H. L. Hickey	220	80	..	..	157
Grace-New Haven Community Hospital New Haven Unit (University Service) [1-3]	New Haven	J. Kirchner	653	4,297	1	3	40
Episcopal Eye, Ear and Throat Hospital [1-3]	Washington, D. C.	D. B. Moffett	4,591	21,302	2	6	150
Gallinger Municipal Hospital [1-3]	Washington, D. C.	S. Burtoff	622	3,541	1	2	100
Tampa Municipal Hospital [2]	Tampa, Fla.	J. B. Farrior	835	1,251	1	1	125
Grady Memorial Hospital [1]	Atlanta, Ga.	W. C. Warren	199	4,504	1	3	20
Cook County Hospital [1-3]	Chicago	S. J. Pearlman	1,474	24,718	1	6	50
Illinois Eye and Ear Infirmary [1-3]	Chicago	F. L. Lederer	1,452	35,345	6	12	60
Presbyterian Hospital [1-3]	Chicago	S. A. Friedberg	588	2,953	1	2	50
Research and Educational Hospitals [1-3]	Chicago	F. L. Lederer	459	10,855	1	2	60
University of Chicago Clinics [1-3]	Chicago	J. R. Lindsay	589	10,048	1	3	25
Wesley Memorial Hospital [1-3,15]	Chicago	G. Shambaugh	...	...	..	..	...
Indianapolis General Hospital [1]	Indianapolis	D. E. Brown	804	5,804	1	3	100
Indiana University Medical Center [1]	Indianapolis	M. Manion	307	3,087	1	3	150
University Hospitals [1-3]	Iowa City	D. M. Lierle	2,022	4,328	a	10	50
University of Kansas Medical Center [1-3]	Kansas City	G. H. Proud	621	4,188	1	2	125
University of Louisville Hospitals [1-3]	Louisville, Ky.	W. C. Wolfe	737	3,271	..	2	60
Charity Hospital of Louisiana Independent Unit [1-3]	New Orleans	J. Roeling-Hanley	540	4,727	..	..	25
Louisiana State University Unit [1-3]	New Orleans	G. J. Taquino	854	8,075	1	3	25
Tulane University Unit [1-3]	New Orleans	F. E. LeJeune and J. W. McLaurin	772	7,930	1	3	25
Eye, Ear, Nose and Throat Hospital [1-3]	New Orleans	L. W. Alexander	2,814	24,704	6	10	...
Baltimore Eye, Ear and Throat Charity Hospital [1-3]	Baltimore	M. Breitstein	3,245	8,904	1	3	10
Johns Hopkins Hospital [1-3]	Baltimore	S. J. Crowe	1,206	9,405	..	4	...
University Hospital [1-3]	Baltimore	E. A. Looper	436	3,111	..	1	25
Boston City Hospital [1-3]	Boston	E. J. Monahan	3,195	17,751	3	6	112
Massachusetts Eye and Ear Infirmary [1-3]	Boston	C. Schall	3,163	24,479	9	9	41.83
University Hospital [1]	Ann Arbor, Mich.	A. C. Furstenberg	719	9,750	2	8	134.16
City of Detroit Receiving Hospital [1-3]	Detroit	J. Croushore	237	3,987	1	2	233.25
Harper Hospital [1]	Detroit	W. Warren	3,704	2,397	1	3	205
Henry Ford Hospital [1-3]	Detroit	J. Dill	1,049	16,494	1	3	225
University of Minnesota Hospitals [1-3]	Minneapolis	L. R. Boies	260	3,568	..	8	147.50
Mayo Foundation [1-3]	Rochester, Minn.	H. I. Lillie	...	...	2	6	150
Homer G. Phillips Hospital [1-3]	St. Louis	H. M. Cutler	427	2,536	2	3	132.80
St. Mary's Group of Hospitals [1-3]	St. Louis	B. J. McMahon	671	3,706	1	3	65
Washington University Hospitals Barnes Hospital [1-3]	St. Louis	T. E. Walsh	2,933	12,350	..	8	25
McMillan Hospital	...	...	...	...	..	..	...
Jersey City Medical Center [1-3]	Jersey City, N. J.	M. G. Borrone	1,282	7,672	2	5	66.66
Albany Hospital [1-3]	Albany, N. Y.	B. M. Volk	470	918	1	2	110
Brooklyn Eye and Ear Hospital [1-3]	Brooklyn	J. P. Baker	6,596	47,254	..	6	...
Kings County Hospital [1-3]	Brooklyn	E. Sunde and J. Gilbert	1,408	7,695	1	2	140
Long Island College Hospital [1-3]	Brooklyn	C. R. Weeth	849	3,699	1	3	25
Buffalo General Hospital [1-3]	Buffalo	H. E. Bozer	2,991	3,479	..	1	125
Bellevue Hospital Center Division IV—New York University Post-Graduate Medical School [1-3]	New York City	J. Daly	2,601	15,802	3	10	80
Manhattan Eye, Ear and Throat Hospital [1-3]	New York City	M. F. Jones	7,975	50,756	..	8	...
Mount Sinai Hospital [1-3]	New York City	R. Kramer	732	7,872	2	2	80
New York City Hospital [1-3]	New York City	O. C. Risch	603	5,841	1	2	90
New York Eye and Ear Infirmary [1-3]	New York City	J. S. Hanley	...	...	4	12	...
New York Hospital [1-3]	New York City	J. A. Moore	1,804	11,825	2	4	25

Numerical and other references will be found on page 353.

16. OTOLARYNGOLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
New York Polyclinic Medical School and Hospital [2]	New York City	R. Almour and W. W. Morrison	1,039	7,464	1	3	75
New York University-Bellevue Medical Center	New York City	(See Bellevue Hospital Center, Division IV)					
Presbyterian Hospital [1-2]	New York City	E. P. Fowler	1,741	19,892	4	8	208.33
Roosevelt Hospital [1-2]	New York City	R. C. Grove	591	5,767	1	3	...
Strong Memorial-Rochester Municipal Hosp. [1-2]	Rochester, N. Y.	C. A. Heatley	1,049	3,623	..	2	41.66
State University of New York Med. Center [1-2-31]	Syracuse, N. Y.	G. D. Hoople	1,036	230	..	1	200
Duke Hospital [1-2]	Durham, N. C.	W. W. Eagle	558	3,045	..	..	41.66
McPherson Hospital [1-2]	Durham, N. C.	T. C. Kerns	1,253	16,249	1	3	100
North Carolina Baptist Hospital [1]	Winston-Salem, N. C.	J. A. Harrill	336	2,057	..	2	41.66
Cincinnati General Hospital [1-2]	Cincinnati	H. Goodyear	626	5,056	1	2	...
Cleveland Clinic Hospital [1-2]	Cleveland	H. E. Harris	422	13,332	2	6	150
St. Luke's Hospital [1-2]	Cleveland	T. W. Thoburn	2,608	1,134	1	2	125
University Hospitals Ohio State University Hospital [1-2]	Columbus, Ohio	R. Means	291	1,942	..	3	125
University Hospitals [1-2]	Oklahoma City	O. A. Watson	208	1,973	1	1	75
University of Oregon Medical School Hospital and Clinics [1-2]	Portland, Ore.	G. L. Boyden	521	4,747	1	3	85
George F. Geisinger Memorial Hospital [1-2]	Danville, Pa.	F. W. Davison	1,042	9,318	1	3	100
Graduate Hospital of the University of Pennsylvania [1-2]	Philadelphia	E. Campbell	1,417	2,748	1	2	...
Hospital of the University of Pennsylvania [1-2]	Philadelphia	H. Schenck	1,35.	6,057	..	6	...
Jefferson Medical College Hospital [2]	Philadelphia	L. H. Clerf	1,996	12,465	..	..	75
Philadelphia General Hospital [1-2]	Philadelphia	L. K. Eltman	180	4,456	1	1	112
Temple University Hospital [1-2-31]	Philadelphia	C. L. Jackson and M. S. Fraser	1,807	2,040	1	3	...
Pittsburgh Medical Center [23]	Pittsburgh	T. B. McCollough	4,385	4,681	2	4	41.66
Rhode Island Hospital [1-2]	Providence, R. I.	F. B. Sargent	1,687	2,804	1	2	60
John Gaston Hospital [1-2]	Memphis, Tenn.	C. Blassingame	432	1,927	1	2	35
Jefferson Davis Hospital [1-2]	Houston, Texas	H. H. Harris	210	8,191	1	2	50
University of Virginia Hospital [1-2]	Charlottesville, Va.	G. S. Fitz-Hugh	1,054	5,963	1	3	50
Medical College of Virginia Hosp. Division [1-2]	Richmond, Va.	P. N. Pastore	1,113	3,463	1	3	50
Gill Memorial Eye, Ear and Throat Hosp. [1-2]	Roanoke, Va.	E. G. Gill	1,574	12,045	2	3	150
University Hospitals State of Wisconsin General Hospital [1-2]	Madison, Wis.	W. Nesbit	675	...	1	3	50
Milwaukee County Hospital [1]	Milwaukee, Wis.	E. F. Carl	458	2,038	..	1	100.00

The following hospitals approved by the Council and the American Board of Otolaryngology offer training in otolaryngology of less than three years' duration, which is integrated with or contributory to a fully approved program.

Hospitals, 7; Assistant Residencies and Residencies, 5

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
FEDERAL							
Veterans Admin. Hospital [1-2]	Portland, Ore.	G. L. Boyden	187	727	..	1	...
NONFEDERAL							
Children's Hospital [1-2]	San Francisco	R. C. Martin	1,110	1,651	1	1	75
		L. F. Morrison	500	...	..	..	170
San Francisco Hospital	San Francisco	R. E. Ashley					
Minneapolis General Hospital	Minneapolis	R. E. Priest	123	2,019	1	1	156
Ancker Hospital	St. Paul, Minn.	L. Simons	309	2,507	3	1	156
St. Louis Children's Hospital	St. Louis		...	...	..	..	...
St. Louis City Hospital [1-2]	St. Louis	M. Davidson	209	5,782	..	1	132.80

17. PATHOLOGY

The following services have been approved by the Council and the American Board of Pathology. Services which have been evaluated on the basis of training in the two categories, pathologic anatomy and clinical pathology, are designated as follows: a—pathologic anatomy only; c—clinical pathology only; p—pathologic anatomy and clinical pathology. Training in hospitals which are not so designated in this list will be evaluated by the Board on an individual basis at the time of application for certification.

Hospitals, 446; Assistant Residencies and Residencies, 1,338

Name of Hospital	Location	Chief of Service	Number of Autopsies	Number of Surgical Specimens	Number Examined Microscopically	Total Number of Laboratory Examinations	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
FEDERAL										
UNITED STATES ARMY										
Letterman Army Hospital	San Francisco	K. F. Ernst	156	7,372	9,900	487,222	..	..	4p	...
Fitzsimons Army Hospital	Denver	C. J. Farinacci	248	5,706	5,706	476,708	..	..	4p	...
Armed Forces Institute of Pathology	Washington, D. C.	H. F. Smetana	13,508	38,870	52,378	.....	..	20	1a	...
Army Medical Center [42]	Washington, D. C.	D. M. Kuhns	300	6,501	6,801	812,144	2	6	4p	...
Brooke Army Medical Center [8-105]	San Antonio, Texas	C. J. Lind, Jr.	402	8,617	8,617	818,833	..	..	4p	...
UNITED STATES NAVY										
U. S. Naval Hospital [1]	Oakland, Calif.	J. L. Zundell	204	5,474	5,462	272,058	..	..	4p	...
U. S. Naval Hospital	San Diego, Calif.	W. F. Pierce	334	7,264	7,264	630,191	..	..	4p	...
U. S. Naval Hospital [1-2]	Bethesda, Md.	V. E. Martens	195	10,063	10,063	189,365	..	4	3	...
U. S. Naval Hospital [1]	St. Albans, N. Y.	W. O. Umiker	104	3,355		155,626	..	..	4p	...
U. S. Naval Hospital	Philadelphia	R. H. Walker	251	3,352	3,352	871,570	..	..	3	...
U. S. PUBLIC HEALTH SERVICE										
U. S. Public Health Service Hospital [1]	New Orleans, La.	L. L. Swan	190	2,807	2,675	133,220	1	2	2p	...
U. S. Public Health Service Hospital [1]	Baltimore, Md.	L. L. Ashburn	147	3,190	3,190	164,917	1	3	4p	...
U. S. Public Health Service Hospital [1-2]	Staten Island, N. Y.	L. H. Sophian	136	4,290	...	240,349	1	3	3p	...
U. S. Public Health Service Hospital [1-2]	Seattle, Wash.	T. L. Perrin	130	2,638	2,279	93,338	1	2	2p	...

Numerical and other references will be found on page 363.

17. PATHOLOGY—Continued

Name of Hospital	Location	Chief of Service	Number of Autopsies	Number of Surgical Specimens	Number Examined Microscopically	Total Number of Laboratory Examinations	First Year Residencies Offered [a]	Total Residencies Offered [a]	Length of Approved Program (Years)	Beginning Stipend (Month)
FEDERAL SECURITY AGENCY										
National Institute of Health	Bethesda, Md.	R. D. Lillie	150	2,116	2,116	7,396	1	1	1[a]	...
VETERANS ADMINISTRATION										
Veterans Admin. Hospital [1-2]	Long Beach, Calif.	B. E. Konwaler	449	3,402	3,402	523,777	3	3	4[p]	...
Veterans Admin. Hospital [1-2]	Los Angeles, Calif.	L. Kaplan	781	6,499	6,499	642,728	4	11	4[p]	...
Veterans Admin. Hospital [1]	San Francisco, Calif.	J. B. Frerichs K. J. Poppen	176	3,090	2,695	164,636	1	3	3[p]	...
Veterans Admin. Hospital [1-2]	Denver, Colo.	W. B. Dublin	57	387	378	23,205	1	3	1[p]	...
Veterans Admin. Hospital [1-2]	Newington, Conn.	R. Yesner	90	1,208	1,448	108,675	..	2	1[p]	...
Veterans Admin. Hospital [1-2]	Washington, D. C.	J. S. Howe	186	1,518	1,518	92,172	1	3	4[p]	...
Veterans Admin. Hospital [1]	Coral Gables, Fla.	A. Blumberg	218	1,960	1,840	89,456	2	4	3[p]	...
Veterans Admin. Hospital [1]	Chamblee, Ga.	C. M. Wharton	181	2,373	2,373	260,773	2	4	4[p]	...
Veterans Admin. Hospital [1]	Hines, Ill.	W. L. McNamara	729	5,103	5,103	937,406	1	1	4	...
Veterans Admin. Hospital [1-2]	Indianapolis, Ind.	D. Rosenbaum	174	1,514	1,514	122,518	3	9	2[p]	...
Veterans Admin. Hospital [1]	Des Moines, Ia.	T. E. Corcoran	178	1,988	1,988	144,938	..	3	4[p]	...
Veterans Admin. Hospital [1-2]	Wadsworth, Kan.	M. L. Jones	326	2,379	1,743	167,208	1	3	4[p]	...
Veterans Admin. Hospital [1-2]	Louisville, Ky.	H. Gordon	191	2,772	2,209	187,774	1	3	3[p]	...
Veterans Admin. Hospital [1]	New Orleans, La.	J. Ziskind	140	2,178	2,148	185,078	1	2	3	...
Veterans Admin. Hospital [1-2]	Fort Howard, Md.	W. B. VandeGrift	159	745	726	71,158	1	2	2[p]	...
Veterans Admin. Hospital [1]	Boston (W. Roxbury), Mass.	J. Houghton	169	1,583	1,583	194,490	1	1	2[p]	...
Veterans Admin. Hospital [1-2]	Framingham, Mass.	R. Fienberg	167	2,687	2,687	161,484	1	3	3[p]	...
Veterans Admin. Hospital [1-2]	Dearborn, Mich.	(See Wayne University Affiliated Hospitals)								
Veterans Admin. Hospital [1-2]	Minneapolis, Minn.	D. F. Gleason	263	4,724	4,273	290,836	6	6	4[p]	...
Veterans Admin. Hospital [1]	Jefferson Barracks, Mo.	F. Leidler	215	2,336	1,992	166,791	1	2	4[p]	...
Veterans Admin. Hospital [1-2]	Brooklyn, N. Y.	M. Bovarnick	273	3,208	3,208	279,617	1	3	1[p]	...
Veterans Admin. Hospital [1-2]	New York City	B. S. Gordon	420	4,918	4,918	519,341	2	6	4[p]	...
Veterans Admin. Hospital [1-2]	Otisen, N. Y.	S. Kanter	115	1,272	1,247	259,522	..	1	1[p]	...
Veterans Admin. Hospital [1-2]	Cleveland, Ohio	J. R. Kahn	221	3,811	3,150	166,302	2	3	4[p]	...
Veterans Admin. Hospital	Dayton, Ohio	A. S. Thompson	294	2,322	5,154	257,981	1	3	3[p]	...
Veterans Admin. Hospital [1]	Aspinwall, Pa.	G. Brilmyer	224	1,712	1,712	340,658	..	2	4[p]	...
Veterans Admin. Hospital [1-2]	Memphis, Tenn.	D. J. Greiner	220	4,304	3,911	208,406	1	3	4[p]	...
Veterans Admin. Hospital [1]	Nashville, Tenn.	S. Auerbach	141	1,688	1,528	149,214	2	2	2[p]	...
Veterans Admin. Hospital [1-2]	Dallas, Texas	L. Weiss	166	1,894	1,894	147,822	1	2	2[p]	...
Veterans Admin. Hospital [1-2]	Houston, Texas	B. Halpert	260	2,020	1,754	203,804	1	3	4[p]	...
Veterans Admin. Hospital [1-2]	McKinney, Texas	O. J. Wollenman, Jr.	152	1,731	1,731	169,175	..	3	2[p]	...
Veterans Admin. Hospital [1]	Salt Lake City, Utah	O. N. Ranubo, Jr.	108	1,100	900	98,331	2	2	1[p]	...
Veterans Admin. Hospital [1]	Richmond, Va.	J. R. Kriz	148	1,873	1,788	178,673	1	2	2[p]	...
Veterans Admin. Hospital [1-2]	Milwaukee	J. M. Lubitz	347	2,562	2,277	288,771	3	3	4[p]	...
NONFEDERAL										
Baptist Hospital [1-2]	Birmingham, Ala.	A. E. Casey	79	4,130	4,129	164,833	2	2	4[p]	150
Jefferson-Hillman Hospital [1-2]	Birmingham, Ala.	R. Baker	414	4,832	4,832	154,708	1	3	4[p]	50
Lloyd Noland Hospital [1-2]	Fairfield, Ala.	W. F. Scott, Jr.	173	1,734	1,734	140,300	1	1	1[p]	225
University Hospital [1]	Little Rock, Ark.	A. Nettleship	174	3,220	3,220	87,612	1	2	3	120
Kern General Hospital [1-2]	Bakersfield, Calif.	R. Huntington	322	3,082	2,555	184,214	..	3	4[p]	350
Herrick Memorial Hospital [1-2]	Berkeley, Calif.	H. R. Fishback	166	3,209	2,143	77,868	1	2	2[p]	100
Glendale Sanitarium and Hospital [1-2]	Glendale, Calif.	A. P. Brown	198	3,930	3,954	68,472	2	2	2[p]	164.40
Loma Linda Sanitarium and Hospital	Loma Linda, Calif.	C. S. Small	315	3,381	3,257	70,975	3	7	4[p]	120
California Hospital [1-2]	Los Angeles	A. Wright	149	6,372	4,428	142,784	1	3	3[p]	200
Cedars of Lebanon Hospital [1-2]	Los Angeles	N. Friedman	217	7,182	7,032	184,630	2	4	3[p]	100
Children's Hospital [1-2]	Los Angeles	A. C. Thomas	104	646	625	92,415	2	2	1[p]	100
Hospital of the Good Samaritan [1-2]	Los Angeles	L. J. Tragerman	177	5,686	3,342	129,850	1	2	1[p]	150
Los Angeles County Hospital [1-2]	Los Angeles	E. Butt	1,869	15,211	11,321	...	1	4	2[p]	173
Queen of Angels Hospital [1-2]	Los Angeles	A. R. Camero	248	5,367	4,647	131,368	1	3	3[p]	125
White Memorial Hospital [1-2]	Los Angeles	H. B. Pratt	169	4,815	3,499	131,222	2	6	4[p]	132
Highland Alameda County Hospital [1-2]	Oakland, Calif.	R. L. Parsons	257	5,138	2,784	116,520	1	3	1[p]	175
Permanente Hospital [1-2]	Oakland, Calif.	M. Friedman	209	6,751	4,656	218,840	1	1	3[p]	175
Collis P. and Howard Huntington Memorial Hospital [1-2]	Pasadena, Calif.	A. G. Foord	250	4,595	3,331	93,319	5	5	3	240
San Bernardino County Charity Hospital	San Bernardino	J. D. Kirshbaum	147	3,063	3,239	92,131	1	2	4[p]	100
Mercy Hospital [1-2]	San Diego	D. A. DeSanto	142	6,347	3,870	76,229	1	3	1	125
San Diego County General Hospital [1-2]	San Diego	K. Fowler	236	2,309	1,521	107,507	2	4	4[p]	125
Franklin Hospital [1-2]	San Francisco	J. L. Carr	109	4,130	2,528	43,700	1	1	2[p]	165
French Hospital [1-2]	San Francisco	G. Watson	168	2,978	1,989	76,383	1	2	1	150
Mount Zion Hospital [1-2]	San Francisco	G. R. Bickford	196	5,400	5,357	109,614	2	3	3[p]	75
St. Luke's Hospital [1-2]	San Francisco	M. B. Black	105	4,262	2,411	52,515	1	2	2[p]	150
Stanford University Hospitals [1-2]	San Francisco	A. J. Cox	143	2,898	2,898	70,455	1	2	3	50
University of California Hospital [1-2,3d]	San Francisco	J. F. Rinehart	179	4,230	4,230	78,842	..	2	1	78.75
Santa Clara County Hospital [1-2]	San Jose, Calif.	D. Alcott	257	2,077	2,077	220,501	1	3	3[p]	200
Santa Barbara Cottage Hospital [1-2]	Santa Barbara, Calif.	E. L. Benjamin	123	3,375	2,937	47,773	1	2	3[p]	100
St. Francis Hospital [1-2,3p]	Colorado Springs, Colo.	F. F. Geever	164	4,401	4,401	94,167	1	2	3[p]	125
Children's Hospital [1-2]	Denver	H. D. Palmer	122	1,753	1,737	110,533	1	3	3[p]	125
Presbyterian Hospital [1-2]	Denver	A. E. Lubchenco	124	3,479	2,518	47,643	1	1	1[p]	150
St. Luke's Hospital [1-2]	Denver	W. C. Black	161	4,791	1,895	97,832	1	1	3[p]	150
University of Colorado Medical Center Colorado General Hospital [1-2,3d]	Denver	J. R. McNaught	314	2,455	2,450	109,243	1	4	4[p]	150
Denver General Hospital [1-2,3d]	Denver	G. I. Ogura	455	1,949	1,940	246,330	1	4	4[p]	137
Colorado State Hospital [1-2]	Pueblo, Colo.	M. Gallavan	186	801	801	81,630	1	3	1	275
Bridgeport Hospital [1-2]	Bridgeport, Conn.	I. B. Aketson	151	3,657	3,657	143,715	1	1	3[p]	125
Hartford Hospital [1-2]	Hartford, Conn.	R. E. Kendall	403	9,736	9,067	213,884	1	3	3[p]	50
St. Francis Hospital [1-2]	Hartford, Conn.	L. P. Hastings	225	5,032	5,127	167,231	2	4	3[p]	75
Middlesex Hospital	Middletown, Conn.	C. E. McLeod	98	2,401	2,180	47,854	1	1	1[p]	...
New Britain General Hospital [1-2]	New Britain, Conn.	P. D. Rosahn	147	4,110	2,921	118,715	1	2	3[p]	120
Grace-New Haven Community Hospital New Haven Unit (University Service) [1-2]	New Haven	A. A. Liebow	312	4,673	4,598	190,845	..	4	3[p]	40
Hospital of St. Raphael [1-2]	New Haven	R. R. Nesbitt	141	8,280	4,374	84,867	1	4	2[p]	75
Norwalk Hospital [1-2]	Norwalk, Conn.	R. N. Barnett	128	2,382	2,382	89,479	2	2	2[p]	130
Stamford Hospital [1-2]	Stamford, Conn.	J. G. Snavely	167	2,726	2,487	151,333	4	4	3[p]	150
St. Mary's Hospital [1-2]	Waterbury, Conn.	M. E. Cox	58	4,558	4,090	140,022	2	4	2[p]	150
Waterbury Hospital [1-2]	Waterbury, Conn.	J. O. Collins	175	5,982	5,326	130,502	1	1	2[p]	100
Delaware Hospital [1-2]	Wilmington, Del.	J. W. Howard	215	317	5,198	160,395	3	3	3[p]	130
Memorial Hospital [1-2]	Wilmington, Del.	J. W. Abbiss	108	2,421	2,421	63,818	1	2	2	175
Children's Hospital [1-2]	Washington, D. C.	E. C. Rice	100	405	274	109,246	2	2	1	150
Doctors Hospital [1-2]	Washington, D. C.	O. B. Hunter, Jr.	124	6,478	5,025	125,980	1	1	1	200
Gallinger Municipal Hospital [1-2]	Washington, D. C.	M. W. Alden	592	2,894	2,894	186,727	2	2	3	150

Numerical and other references will be found on page 363.

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17. PATHOLOGY—Continued

Name of Hospital	Location	Chief of Service	Number of Autopsies	Number of Surgical Specimens	Number Examined Microscopically	Total Number of Laboratory Examinations	First Year Residencies Offered	Total Residencies Offered	Length of Approved Program (Years)	Beginning Stipend (Months)
Garfield Memorial Hospital [1-5]	Washington, D. C.	E. C. Rice	182	4,808	4,343	98,704	1	2	3F	100
Georgetown University Hospital [1-5]	Washington, D. C.	C. F. Geschickter	327	3,600	3,600	217,408	10	18	3F	75
George Washington University Hospital [1-5]	Washington, D. C.	T. M. Peery	179	5,191	5,191	194,454	..	2	3F	150
Providence Hospital [1-5]	Washington, D. C.	H. H. Leffler	148	3,447	3,447	29,150	1	1	3F	150
Sibley Memorial Hospital [1-5]	Washington, D. C.	O. B. Hunter, Jr.	105	5,155	4,729	105,705	1	1	..	
St. Vincent's Hospital [1-5]	Jacksonville, Fla.	N. A. Murray	97	4,258	4,258	72,089	1	2	1	100
Jackson Memorial Hospital [1]	Miami, Fla.	P. R. Rezek	700	7,377	5,843	215,742	1	3	3	75
Crawford W. Long Memorial Hospital [1-5]	Atlanta, Ga.	D. Ayer	317	5,401	5,371	90,851	2	4	4F	87.50
Grady Memorial Hospital [1]	Atlanta, Ga.	W. H. Sheldon	573	6,896	7,459	7,459	5	10	3	20
University Hospital [1-5]	Augusta, Ga.	E. R. Pund	132	5,180	4,075	121,998	1	1	3	....
Emory University Hospital [1-5]	Emory University, Ga.	J. Geiden	153	3,708	3,708	94,757	1	1	3	50
Alexian Brothers Hospital [1]	Chicago	J. P. Simonds	123	811	794	67,294	1	1	1F	125
Augustana Hospital [1-5]	Chicago	G. Miller	145	3,054	2,777	60,150	1	3	4F	150
Children's Memorial Hospital [1-5]	Chicago	J. G. Boggs	98	726	726	74,355	..	1	1	75
City of Chicago Municipal Tuberculosis Sanitarium [1-5]	Chicago	J. R. Thompson	77	1,610	1,175	76,200	1	1	1	175
Cook County Hospital [1-5]	Chicago	H. Popper	1,264	9,225	7,951	342,280	4	4	4F	50
Englewood Hospital [1-5]	Chicago	G. T. Rich	83	1,203	1,203	55,864	1	1	1F	100
Grant Hospital [1-5]	Chicago	C. Mason	123	3,192	2,935	73,325	1	3	3F	150
Illinois Masonic Hospital [1-5]	Chicago	L. S. King	166	2,797	2,251	75,057	1	2	2F	100
Mercy Hospital [1-5]	Chicago	J. F. Sheehan	137	3,706	3,586	55,219	1	1	3	25
Michael Reese Hospital [1-5]	Chicago	O. Saphir	472	5,971	5,971	437,676	2	6	4F	50
Mount Sinai Hospital [1-5]	Chicago	I. Davidsohn	229	5,674	4,105	242,363	3	6	4F	50
Norwegian-American Hospital [1-5]	Chicago	A. Learner	78	1,990	1,776	74,432	1	1	1F	150
Passavant Memorial Hospital [1-5]	Chicago	M. C. Wheelock W. R. Wartman	169	2,485	2,484	72,411	1	4	3	50
Presbyterian Hospital [1-5]	Chicago	G. M. Hass	253	4,878	4,878	211,831	2	4	3	50
Provident Hospital [1-5]	Chicago	J. E. Bowman	77	2,041	2,041	4,851	3	3	1	85
Ravenswood Hospital [1-5]	Chicago	H. I. Brown	172	2,070	2,070	74,389	1	1	2F	75
Research and Educational Hospitals [1-5]	Chicago	G. A. Bennett	173	4,716	4,716	228,988	2	5	4F	60
St. Luke's Hospital [1-5]	Chicago	E. F. Hirsch	309	7,716	....	284,497	3	9	3	50
St. Mary of Nazareth Hospital	Chicago	E. W. Thurston	132	3,870	2,985	105,695	1	1	2F	100
University of Chicago Clinics [1-5]	Chicago	P. R. Cannon	211	4,284	4,134	408,617	3	3	3	75
Wesley Memorial Hospital [1-5]	Chicago	T. C. Lalpply	239	4,782	4,782	233,160	2	4	4F	50
Evanston Hospital [1-5]	Evanston, Ill.	H. G. Davis	192	3,388	2,510	120,960	1	3	3	50
St. Francis Hospital [1-5]	Evanston, Ill.	J. W. Henry	204	4,871	3,686	144,832	1	3	3	150
Methodist Hospital of Central Illinois [1-5]	Peoria, Ill.	D. G. Mansfield	70	5,578	2,849	64,185	1	1	1	175
St. Francis Hospital [1-5]	Peoria, Ill.	J. E. Kranz	167	5,516	4,565	119,419	..	2	3F	100
St. Anthony Hospital [1-5]	Rockford, Ill.	A. R. K. Matthews	189	3,501	3,710	93,973	1	1	3F	200
St. Joseph Hospital [1]	Fort Wayne, Ind.	S. M. Ralson	188	3,772	3,127	78,136	2	4	3F	155
Indianapolis General Hospital [1]	Indianapolis	W. Drake	291	2,073	2,385	128,633	1	3	3	175
Indiana University Medical Center [1]	Indianapolis	F. B. Smith	322	4,074	....	222,694	2	3	3	166.66
Methodist Hospital [1-5]	Indianapolis	H. M. Banks	309	8,709	7,699	420,980	1	3	4F	200
St. Elizabeth Hospital [1]	Lafayette, Ind.	J. M. McFadden	174	2,806	2,571	107,422	1	3	3F	150
Ball Memorial Hospital [1-5]	Muncie, Ind.	L. G. Montgomery	199	5,260	4,537	117,537	2	4	4F	100
Memorial Hospital [1]	South Bend, Ind.	A. S. Giordano	169	3,168	1,907	47,870	2	3	3	300
Iowa Methodist Hospital [1-5]	Des Moines, Iowa	R. F. Birge	144	6,782	6,739	138,970	1	2	4F	100
Mercy Hospital [1-5]	Des Moines, Iowa	F. C. Coleman	181	2,926	2,926	110,201	1	3	4F	210
University Hospitals [1-5]	Iowa City	F. D. Warner	358	6,790	6,790	98,618	1	3	3	200
University of Kansas Medical Center [1-5]	Kansas City, Kan.	R. Stowell	472	7,036	6,980	416,841	2	7	3	125
St. Francis Hospital [1-5]	Wichita, Kan.	W. P. Callahan, Jr.	206	9,067	9,026	149,800	1	3	3	150
Louisville General Hospital [1-5]	Louisville, Ky.	A. J. Miller	411	2,649	2,552	133,574	2	3	3	55
Charity Hospital of Louisiana [1-5]	New Orleans	F. Moss R. L. Holman	1,145	12,109	12,109	637,205	3	12	4F	25
Hotel Dieu, Sisters Hospital [1]	New Orleans	R. R. Hartwell	164	6,983	6,983	14,578	1	2	4F	100
Southern Baptist Hospital [1]	New Orleans	E. H. Lawson	132	8,150	8,150	370,275	1	3	3F	....
Touro Infirmary [1-5]	New Orleans	A. Hertzog	226	5,861	5,861	190,448	1	3	3	35
Shreveport Charity Hospital [1]	Shreveport, La.	W. R. Mathews	281	4,569	4,569	183,267	..	1	1	60
Eastern Maine General Hospital [1-5]	Bangor, Maine	R. C. Wadsworth	153	5,053	5,053	119,388	2	3	3F	100
Central Maine General Hospital [1]	Lewiston, Maine	C. F. Branch	133	4,747	4,747	60,108	1	1	4F	150
Maine General Hospital [1-5]	Portland, Maine	J. E. Porter	127	5,947	5,124	107,749	1	3	3	100
Baltimore City Hospitals [1-5]	Baltimore	C. G. Warner	412	1,552	1,552	90,250	2	3	3	35
Johns Hopkins Hospital [1-5]	Baltimore	A. R. Rich	670	5,200	5,200	554,944	4	4	3	....
Sinai Hospital [1-5]	Baltimore	T. Weinberg	171	5,274	5,274	254,954	1	3	4F	85
Union Memorial Hospital [1-5]	Baltimore	W. C. Merkel	165	2,413	2,413	147,250	1	2	3F	40
University Hospital [1-5]	Baltimore	H. R. Spencer	324	5,370	5,370	241,917	1	3	3F	25
Memorial Hospital [1-5]	Cumberland, Md.	R. Skittarelle	90	3,750	3,750	102,903	1	2	2F	100
Beverly Hospital [1]	Beverly, Mass.	J. F. Hall	91	1,358	1,358	71,097	1	1	1F	100
Beth Israel Hospital [1-5]	Boston	M. J. Schlesinger	149	3,708	3,708	178,301	2	3	3	41
Boston City Hospital [1-5]	Boston	G. K. Mallory	917	5,849	5,849	123,695	7	13	3	112
Boston Lying-in Hospital [1-5-6]	Boston	A. T. Hertig	84	2,231	2,231	9,940	1	2	1F	....
Carney Hospital [1-5]	Boston	M. E. Shapiro	56	2,197	2,197	83,639	1	1	1F	100
Children's Medical Center [1-5]	Boston	S. Farber	284	1,042	1,037	101,796	1	2	....	41.67
Massachusetts General Hospital [1-5]	Boston	B. Castleman	687	9,752	9,752	9,752	2	8	3	66.67
Massachusetts Memorial Hospitals [1-5]	Boston	R. Osgood	130	2,446	2,440	135,171	1	3	3	50
New England Deaconess Hospital [1-5]	Boston	S. Warren	240	7,042	7,042	158,795	3	10	3	125
Peter Bent Brigham Hospital [1-5]	Boston	C. V. Z. Hawn	249	2,463	2,463	264	2	3	3	41.67
St. Elizabeth's Hospital [1-5]	Boston	J. Graham	101	3,985	3,574	91,911	1	2	1	125
Cambridge City Hospital [1-5]	Cambridge, Mass.	R. Z. Schulz	82	1,212	1,212	64,160	1	1	1	125
Mount Auburn Hospital [1-5]	Cambridge, Mass.	H. E. MacMahon	97	2,265	2,265	82,320	1	1	1	100
Burbank Hospital [1-5]	Fitchburg, Mass.	H. J. Spartinz, Jr.	70	2,312	2,312	43,413	1	1	1	100
Framingham Union Hospital [1-5]	Framingham, Mass.	C. G. Tedeschi	70	3,116	2,495	30,700	1	1	1F	75
Lawrence General Hospital [1]	Lawrence, Mass.	L. S. Jolliffe	127	1,550	1,550	74,140	1	3	1F	100
Lynn Hospital [1-5]	Lynn, Mass.	H. Olken	115	3,270	3,270	103,586	1	1	1F	150
Malden Hospital [1-5]	Malden, Mass.	M. V. Mackenzie	73	2,319	2,319	70,876	1	2	2F	100
St. Luke's Hospital [1-5]	New Bedford, Mass.	V. Klarsis	116	3,839	2,035	147,805	1	1	2F	200
Newton-Wellesley Hospital [1-5]	Newton Lower Falls, Mass.	D. Skinner	124	3,007	2,454	84,289	1	2	2F	125
Quincy City Hospital [1-5]	Quincy, Mass.	F. P. McCarthy	102	1,943	1,880	1,943	3	3	2F	150
Salem Hospital [1-5]	Salem, Mass.	D. A. Nickerson	243	2,677	2,677	90,113	1	3	3	200
Springfield Hospital [1-5]	Springfield, Mass.	W. Kaufmann	107	4,762	4,749	87,045	2	2	3F	50
Pondville Hospital [1-5]	Walpole, Mass.	S. Warren	81	1,697	1,697	38,222	..	1	1	235
Memorial Hospital [1-5]	Worcester, Mass.	R. C. Sniffen	116	2, 61	2,103	58,655	1	1	1F	150
Worcester City Hospital [1-5]	Worcester, Mass.	F. K. Fitz	254	2,800	2,699	113,401	3	3	4F	100
University Hospital [1]	Ann Arbor, Mich.	C. V. Weller	545	8,556	....	8,556	5	17	3	134.16
Leila Y. Post Montgomery Hospital [1]	Battle Creek, Mich.	A. A. Humphrey	120	1,676	1,564	67,437	1	1	1	250
Detroit Memorial Hospital [1]	Detroit	H. J. Linn	124	4,517	4,432	94,293	1	3	3	225
Grace Hospital [1-5]	Detroit	C. J. Owen	250	9,322	9,322	214,801	1	3	3	225
Harper Hospital [1]	Detroit	F. F. Morse	249	7,320	7,320	220,133	3	3	4F	205
Henry Ford Hospital [1-5]	Detroit	F. W. Hartman	315	8,156	8,156	169,955	1	4	4F	225

Numerical and other references will be found on page 353.

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17. PATHOLOGY—Continued

Name of Hospital	Location	Chief of Service	Number of Autopsies	Number of Surgical Specimens	Number Examined Microscopically	Total Number of Laboratory Examinations	First Year Residences Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
Mt. Carmel Mercy Hospital [1]	Detroit	I. Gardner	176	7,388	7,388	207,030	1	3	4P	225
Providence Hospital [1]	Detroit	D. H. Kaump	292	4,441	4,441	105,167	1	3	3	225
Wayne University Affiliated Hospitals										
Veterans Admin. Hospital [1-3]	Dearborn, Mich.	J. L. Chason	310	2,762	2,762	240,642	..	4	2P	...
City of Detroit										
Receiving Hospital [1-3]	Detroit	O. A. Brines	630	32,422	32,422	220,798	1	5	4P	233.25
Herman Kiefer Hospital [1-3]	Detroit	P. C. Martineau	169			773	1	1	1	418
Woman's Hospital [1-3]	Detroit	D. C. Beaver	144	4,899	4,694	132,252	1	1	1	210
Wayne County Gen. Hosp. and Infirmary [1-3]	Eloise, Mich.	S. E. Gould	159	4,047	4,047	221,884	1	2	3	209.66
Hurley Hospital [1-3]	Flint, Mich.	G. R. Backus								
		R. J. Jernstad	169	5,580	4,064	89,492	1	1	4P	300
Blodgett Memorial Hospital [1-3]	Grand Rapids, Mich.	C. A. Payne	134	5,355	5,355	96,057	1	2	2P	200
Butterworth Hospital [1-3]	Grand Rapids, Mich.	G. T. Schloss	150	6,071	4,321	131,656	1	2	4P	125
Edward W. Sparrow Hospital [1-3]	Lansing, Mich.	C. E. Black	147	3,563	3,563	87,158	1	2	3P	325
Saginaw General Hospital [1-3]	Saginaw, Mich.	R. V. Bucklin	169	4,742	2,353	77,595	1	1	2P	300
St. Mary's Hospital [1-3]	Duluth, Minn.	W. V. Knoll	256	2,936	...	243,951	1	1	1	200
Minneapolis General Hospital [1-3]	Minneapolis	J. I. Coe	311	2,250	2,000	370,388	2	2	3	156
Northwestern Hospital [1-3]	Minneapolis	F. H. Lott	115	4,380	3,745	81,036	1	3	3	175
St. Barnabas Hospital [1-3]	Minneapolis	N. H. Lufkin	186	3,178	2,621	99,559	1	2	2P	175
Swedish Hospital [1-3]	Minneapolis	A. R. Jay	162	4,352	3,302	94,126	1	2	2P	150
University of Minnesota Hospitals [1-3]	Minneapolis	J. R. Dawson	...	5,101	5,101	411,344	..	5	4P	142.50
Mayo Foundation [1-3]	Rochester, Minn.	J. W. Kernohan	...	...	...	...	6	18	3	150
Ancker Hospital [1-3]	St. Paul	J. F. Noble	481	1,632	1,632	166,340	1	1	1	140
Charles T. Miller Hospital [1-3]	St. Paul	S. Ideia	398	4,602	4,356	125,932	..	1	4P	115
St. Louis County Hospital [1-3]	Clayton, Mo.	J. D. Bauer	263	1,150	970	122,592	1	1	3	104
Kansas City General Hospital No. 1	Kansas City, Mo.	V. Buhler	474	2,358	1,887	552,278	1	3	3P	75
Menorah Hospital Medical Center [1-3]	Kansas City, Mo.	H. Cohen	124	3,810	2,987	79,177	2	2	1P	150
Research Hospital [1-3]	Kansas City, Mo.	H. K. B. Allebach	192	4,430	4,264	173,380	1	2	3	150
St. Joseph Hospital [1-3]	Kansas City, Mo.	R. W. Kerr	188	6,079	4,804	169,822	1	4	3	150
St. Luke's Hospital [1-3]	Kansas City, Mo.	F. C. Helwig	279	9,328	7,744	106,222	1	3	4P	150
Barnes Hospital [1-3]	St. Louis	G. Dammin	569	8,740	8,740	378,144	1	6	3	25
Homer G. Phillips Hospital [1-3]	St. Louis	J. A. Saxton	180	6,364	5,331	175,376	1	3	1	132.80
Jewish Hospital [1-3]	St. Louis	H. T. Blumenthal	173	2,983	2,983	207,390	1	3	4P	100
Missouri Baptist Hospital [1-3]	St. Louis	W. Ulrich	98	7,294	3,753	107,290	1	2	2P	150
St. Louis City Hospital [1-3]	St. Louis	J. Saxton	480	3,828	6,295	231,853	4	7	3	132.80
St. Mary's Group of Hospitals [1-3]	St. Louis	H. Pinkerton	240	7,769	6,283	352,328	1	3	3	65
Montana Deaconess Hospital [1-3]	Great Falls, Mont.	E. Hildebrand	114	5,167	5,140	54,597	1	1	2P	200
Lincoln General Hospital [1-3,26]	Lincoln, Neb.	F. Tanner	85	2,749	1,989	57,447	1	1	1	...
Creighton Memorial, St. Joseph's Hospital [1-3]	Omaha	B. C. Russum	144	22,562	20,830	167,658	1	3	4P	100
Nebraska Methodist Hospital [1-3]	Omaha	J. R. Schenken	144	...	...	52,718	1	2	4P	...
University of Nebraska Hospital [1-3]	Omaha	J. P. Tollman	131	2,026	2,026	92,231	1	3	3	175
Mary Hitchcock Memorial Hospital [1-3]	Hanover, N. H.	R. E. Miller	178	3,159	2,763	126,042	1	4	3	171
Elliot Hospital [1-3]	Manchester, N. H.	S. M. Brooks	111	2,738	1,865	33,884	1	1	1*	100
Atlantic City Hospital [1-3]	Atlantic City, N. J.	A. Ackerman	134	2,137	2,137	56,704	1	1	3P	150
Cooper Hospital [1-3]	Camden, N. J.	W. T. Read, Jr.	219	3,032	3,003	160,924	1	1	3P	...
West Jersey Hospital [1-3]	Camden, N. J.	W. R. Platt	183	2,048	2,048	141,990	1	3	4P	175
Jersey City Medical Center [1-3]	Jersey City, N. J.	A. Grasel	231	7,412	7,412	292,261	2	3	1	100
Monmouth Memorial Hospital [1-3]	Long Branch, N. J.	A. Yaguda	149	3,897	2,490	83,598	1	1	3P	200
Mountainside Hospital [1-3]	Montclair, N. J.	J. L. Work	164	...	...	123,098	1	2	3P	100
Burlington County Hospital [1-3]	Mt. Holly, N. J.	J. T. Bauer	81	968	968	32,818	1	1	1*	100
Hospital of St. Barnabas and for Women and Children [1-3]	Newark, N. J.	W. G. Bernhard	107	2,866	2,339	85,239	2	4	2P	100
Newark Beth Israel Hospital [1-3]	Newark, N. J.	L. M. Goldman	297	4,220	4,220	59,701	1	2	3	...
Newark City Hospital [1-3]	Newark, N. J.	H. S. Martland	353	...	...	195,503	2	2	3P	125
Presbyterian Hospital [1-3]	Newark, N. J.	S. A. Goldberg	145	4,712	4,232	98,915	1	2	1P	125
St. Michael's Hospital [1-3]	Newark, N. J.	S. J. Rose	153	5,873	5,873	138,196	1	1	2P	250
Orange Memorial Hospital [1-3]	Orange, N. J.	A. R. Abel	178	2,840	2,840	87,320	1	1	2P	100
Passaic General Hospital [1-3]	Passaic, N. J.	J. R. Gannon	117	2,532	2,230	77,245	1	1	3P	120
Paterson General Hospital [1-3]	Paterson, N. J.	A. H. Davis	204	5,220	4,417	56,969	1	2	2P	75
Muhlenberg Hospital [1-3]	Plainfield, N. J.	G. Darlington								
		H. Hansen	109	3,091	2,936	77,639	1	1	1P	200
Mercer Hospital [1-3]	Trenton, N. J.	T. K. Rathmell	130	1,682	1,680	89,160	1	2	2P	150
Albany Hospital [1-3]	Albany, N. Y.	A. W. Wright	434	6,872	6,872	17,398	3	4	3	110
Bender Laboratory Hospitals [1-3]	Albany, N. Y.	J. J. Clemmer	229	10,044	10,044	332,780	2	5	3	200
Anthony N. Brady Maternity Home	Albany, N. Y.		...	...	...	...	..	..	..	...
Memorial Hospital	Albany, N. Y.		...	...	...	...	..	..	..	...
St. Peter's Hospital	Albany, N. Y.		...	...	...	...	..	..	..	...
Binghamton City Hospital [1-3]	Binghamton, N. Y.	Dr. Grewel	186	2,564	2,469	2,318	1	1	3	137
Beth El Hospital [1-3]	Brooklyn	P. Gruenwald	76	3,305	3,289	175,076	2	4	4P	100
Brooklyn Hospital [1-3]	Brooklyn	J. A. deVeer	193	4,139	4,139	143,930	..	1	3	75
Coney Island Hospital [1-3]	Brooklyn	H. Fink	151	1,307	6,070	204,601	2	3	3P	90
Cumberland Hospital [1-3]	Brooklyn	S. H. Polayes	159	3,090	...	139,718	1	2	4P	90
Greenpoint Hospital [1-3]	Brooklyn	A. Imhoff	137	6,976	6,976	229,820	1	2	4P	90
Jewish Hospital [1-3]	Brooklyn	D. Grayzel	224	6,586	5,550	274,945	1	4	3	50
Kings County Hospital [1-3]	Brooklyn	C. Burn								
		H. Siegel	1,093	36,518	36,518	890,877	5	6	3	90
Long Island College Hospital [1-3]	Brooklyn	T. G. Morrione	122	3,806	3,785	677,041	1	3	3	25
Maimonides Hospital [1-3]	Brooklyn	A. R. Kantrowitz	150	4,051	4,051	201,923	2	5	3	75
Methodist Hospital [1-3]	Brooklyn	B. S. Herr, Jr.	337	3,356	...	163,119	1	3	3P	75
Norwegian Lutheran Deaconesses Home and Hospital [1-3]	Brooklyn	E. S. Wedding	100	1,838	1,838	54,218	1	1	1P	100
St. Catherine's Hospital [1-3]	Brooklyn	M. Wachstein	118	1,550	1,550	97,983	2	2	2P	100
St. John's Episcopal Hospital [1-3]	Brooklyn		64	2,113	2,107	89,030	..	..	1	...
St. Mary's Hospital [1-3]	Brooklyn	W. Moltrier, Jr.	80	1,563	1,563	45,656	1	1	1P	175
Buffalo General Hospital [1-3]	Buffalo	K. L. Terplan	396	5,034	5,034	...	..	2	3	125
Deaconess Hospital [1-3]	Buffalo	R. Tannhauser	195	8,857	7,867	89,171	1	1	3P	150
Edward J. Meyer Memorial Hospital [1-3]	Buffalo	S. Sanes	360	3,659	3,352	191,387	1	3	3	179
Millard Fillmore Hospital [1-3]	Buffalo	A. V. Postoloff	276	8,355	...	280,638	1	2	3	150
Flushing Hospital and Dispensary [1-3]	Flushing, N. Y.	J. Werne	138	2,838	2,638	93,162	1	2	3P	125
Meadowbrook Hospital [1-3]	Hempstead, N. Y.	T. J. Curphey	350	2,221	...	134,415	4	4	1	200
Mary Immaculate Hospital [1-3]	Jamaica, N. Y.	M. Bevilacqua	89	10,149	5,596	119,077	1	1	2P	110
Queens General Hospital [1-3]	Jamaica, N. Y.	A. Angrist	698	...	...	531,949	1	2	3	90
Charles S. Wilson Memorial Hospital [1-3]	Johnson City, N. Y.	A. Kosinski	181	5,297	5,297	133,079	1	3	4P	200
St. John's Long Island City Hospital [1-3]	Long Island City, N.Y.	J. Werne	221	965	965	40,170	1	3	3*	150
									1P	25
Nassau Hospital [1-3]	Mineola, N. Y.	F. A. Inda	90	7,290	3,321	63,623	1	2	2P	...
Mount Vernon Hospital [1]	Mount Vernon, N. Y.	J. G. Sharnoff	122	4,239	4,232	79,113	1	2	1P	125
New Rochelle Hospital [1]	New Rochelle, N. Y.	W. C. Schraft	149	3,162	3,162	101,992	1	1	1P	125

Numerical and other references will be found on page 363.

17. PATHOLOGY—Continued

Name of Hospital	Location	Chief of Service	Number of Autopsies	Number of Surgical Specimens	Number Examined Microscopically	Total Number of Laboratory Examinations	First Year Residencies Offered [4]	Total Residencies Offered [4]	Length of Approved Program (Years)	Beginning Stipend (Month)
Bellevue Hospital Center										
Division III—New York University College of Medicine [1-2]	New York City	S. L. Wilens	656	6,559	6,559	1,187,874	..	2	4P	80
Beth Israel Hospital [1-2]	New York City	W. Antopol	116	3,884	3,884	143,317	4	4	3	60
Bronx Hospital [1-2]	New York City	J. Felsen	72	5,180	...	104,251	1	2	3	75
Doctors Hospital [1-2]	New York City	J. R. Lisa	80	3,798	3,478	3,798	1	1	1P	200
Flower and Fifth Avenue Hospitals [1-2]	New York City	F. D. Speer	176	5,350	4,502	159,064	1	3	3	...
Fordham Hospital [1-2]	New York City	L. J. Millman	239	1,747	1,708	169,713	3	3	1	90
Goldwater Memorial Hospital [1-2]	New York City	J. Rosenthal	148	2,351	672	130,827	2	3	3	90
Harlem Hospital [1-2]	New York City	S. Weintraub	280	22,422	54,844	819,868	..	..	1	...
Hospital for Joint Diseases [1-2]	New York City	H. E. Jaffe	43	2,831	2,831	87,541	2	2	1P	60
Jewish Memorial Hospital [2]	New York City	A. Angrist	75	1,708	...	81,429	1	1	1	100
Lebanon Hospital [1-2]	New York City	J. C. Ehrlich	97	3,084	3,084	93,276	2	2	2P	100
Lenox Hill Hospital [1-2]	New York City	G. Rosenberg	125	5,073	5,073	114,822	1	1	3	50
Lincoln Hospital [1-2]	New York City	H. Lepow	134	9,225	9,225	136,144	1	2	3	90
Memorial Hospital [1-2]	New York City	F. W. Stewart	171	20,021	20,021	225,995	..	10	2*	300
Metropolitan Hospital [1-2]	New York City	A. Saccone	231	1,991	1,971	241,133	1	2	1	90
Montefiore Hospital [1-2]	New York City	H. M. Zimmerman	305	3,143	3,143	80,615	2	5	3	60
Morrisania City Hospital [1-2]	New York City	W. Aronson	254	3,850	3,850	341,409	1	3	4P	80
Mount Sinai Hospital [1-2]	New York City	P. Klemperer G. Shwartzman	322	8,278	8,278	261,794	7	7	3	50
New York City Hospital [1-2]	New York City	J. R. Lisa	245	11,732	11,671	142,083	1	2	3	90
New York Hospital [1-2]	New York City	J. G. Kidd	375	7,921	7,092	465,634	..	5	4P	25
New York Polyclinic Hospital [2]	New York City	D. McMain	104	3,850	3,879	94,080	1	2	2P	75
New York University-Bellevue Medical Center		(See also Bellevue Hospital Center, Division III)								
University Hospital [1-2]	New York City	M. N. Richter	104	5,794	5,125	25,602	1	3	3	80
Presbyterian Hospital [1-2]	New York City	H. P. Smith	515	5,559	5,410	...	2	4	3	208.33
Roosevelt Hospital [1-2]	New York City	W. W. Brandes	137	3,859	...	158,176	2	2	1	...
St. Barnabas Hospital for Chronic Diseases [1-2,83]	New York City	H. K. Russell	113	1,068	1,068	61,327	1	2	2P	100
St. Clare's Hospital [1-2]	New York City	J. M. Ravid	118	2,713	2,713	65,117	1	2	2P	50
St. Luke's Hospital [1-2]	New York City	A. H. Burke	174	3,339	3,339	167,617	1	3	4P	60
St. Vincent's Hospital [1-2]	New York City	A. Rottino	473	3,788	...	133,527	2	4	4P	50
Sydenham Hospital [1-2]	New York City	M. R. Dasco	60	1,802	1,802	105,788	2	2	1	85
Willard Parker Hospital [1-2]	New York City	V. B. Dolgopol	28	275	275	77,428	1	1	1	130
United Hospital [1-2]	Port Chester, N. Y.	M. Loder	66	2,292	2,095	76,851	1	1	1P	150
Rochester General Hospital [1-2]	Rochester, N. Y.	M. G. Rohrod	317	7,647	...	121,991	4	12	4P	100
St. Mary's Hospital [1-2]	Rochester, N. Y.	J. Adler	178	3,243	3,000	128,280	2	2	1	175
Strong Memorial-Rochester Municipal Hospitals [1-2]	Rochester, N. Y.	G. H. Whipple	671	4,577	4,577	834,274	..	1	3*	...
Ellis Hospital [1-2]	Schenectady, N. Y.	E. Kellert	222	5,256	5,256	222,302	1	1	3	...
State University of New York Medical Center [1-2,83]	Syracuse, N. Y.	H. J. Ferguson	461	...	...	8,730	2	4	3	125
Samaritan Hospital [1-2]	Troy, N. Y.	...	95	2,061	1,736	47,071	1	1	1	150
Grasslands Hospital [1-2]	Valhalla, N. Y.	D. M. Spain	213	1,717	1,717	109,011	1	2	3	125
Charlotte Memorial Hospital [1-2]	Charlotte, N. C.	P. Kimmelstiel	172	14,178	6,967	135,087	2	4	3	150
Duke Hospital [1-2]	Durham, N. C.	W. D. Forbus	361	10,392	10,392	486,132	2	6	4*	41.66
Watts Hospital [1]	Durham, N. C.	J. U. Gunter	85	4,334	4,062	130,132	..	1	2	75
North Carolina Baptist Hospital [1]	Winston-Salem, N. C.	R. P. Morehead	232	28,933	28,933	238,653	2	5	4P	41.66
City Hospital [1-2]	Akron, Ohio	L. C. Catron	294	6,559	6,559	213,120	1	3	3	200
Peoples Hospital [1]	Akron, Ohio	G. R. Dochat	140	4,685	3,6 [illegible]	169,964	1	1	3P	225
Aultman Hospital [1-2]	Canton, Ohio	D. G. Henderson	279	3,217	3,217	210,692	2	2	1	125
Bethesda Hospital [1-2]	Cincinnati	D. Freiman	167	3,862	3,171	40,398	1	2	2*	200
Christ Hospital [1]	Cincinnati	J. W. Leichliter	158	3,976	3,874	149,743	1	1	1	200
Cincinnati General Hospital [1-2]	Cincinnati	E. Gall	603	2,973	2,907	116,757	3	6	4P	...
Good Samaritan Hospital [1-2]	Cincinnati	W. M. Germain	219	4,707	4,698	172,448	1	3	3	155
Jewish Hospital [1-2]	Cincinnati	P. Wasserman	189	...	...	167,130	1	2	4P	150
City Hospital [1-2]	Cleveland	T. Kinney	459	2,347	2,347	360, 92	1	2	4P	84
Cleveland Clinic Hospital [1-2]	Cleveland	J. B. Hazard	184	6,732	6,729	469, 02	1	4	4P	150
Mount Sinai Hospital [1-2]	Cleveland	B. S. Kline	189	4,552	4,552	155,879	..	3	4P	215
St. Luke's Hospital [1-2]	Cleveland	R. Dominguez	240	5,120	4,831	194, 68	1	4	4P	160
St. Vincent Charity Hospital [1]	Cleveland	P. W. Graff	79	13,390	9,914	95,8 9	2	6	3P	160
University Hospital [1-2]	Cleveland	A. R. Moritz	471	9,837	9,837	257,712	3	7	3	25
Grant Hospital [1-2]	Columbus, Ohio	...	77	...	...	61,583	1	1	1	250
University Hospitals										
Ohio State University Hospital [1-2]	Columbus, Ohio	E. von Haam	310	7,082	7,082	224,327	1	3	4P	125
White Cross Hospital [1-2]	Columbus, Ohio	R. S. Fidler	131	11,102	...	174,275	1	2	4P	275
Miami Valley Hospital [1-2]	Dayton, Ohio	M. Oostin [illegible]	384	9,038	9,038	210,987	3	4	4P	125
Huron Road Hospital [1-2]	East Cleveland, Ohio	E. Goodsitt	133	4,789	4,789	36,736	1	1	4P	210
Mercy Hospital [1-2]	Hamilton, Ohio	K. Lande	122	1,103	1,103	93,707	1	1	1P	...
St. Rita's Hospital [1-2]	Lima, Ohio	C. E. Blumstein	155	8,401	6,085	118,729	1	1	1P	175
Springfield City Hospital [1-2]	Springfield, Ohio	M. P. Hunter	118	...	...	87,151	1	1	1*	...
Mercy Hospital [1-2]	Toledo, Ohio	E. L. Burns	169	5,994	4,867	118,724	1	3	3	150
St. Vincent's Hospital [1-2]	Toledo, Ohio	M. F. Vidoli	146	5,141	...	118,851	1	1	3P	200
Toledo Hospital [1-2]	Toledo, Ohio	B. Steinberg	163	2,762	2,494	95,187	1	4	4P	200
Youngstown Hospital [1-2]	Youngstown, Ohio	M. Rappeport	504	6,771	6,771	277,701	1	3	4P	125
University Hospitals [1-2]	Oklahoma City	H. C. Hopps	161	3,349	3,093	215,666	1	2	3	75
Hillcrest Memorial Hospital [1-2]	Tulsa, Okla	L. Lowbeer	118	4,163	2,842	64,992	1	3	1*	150
Emanuel Hospital [1-2]	Portland, Ore	V. D. Sneeden	190	7,473	8,846	198,671	1	1	1	85
Good Samaritan Hospital [1-2]	Portland, Ore	W. L. Lehman	252	...	...	174,102	2	6	4P	85
Providence Hospital [1-2]	Portland, Ore	J. Minckler	200	4,592	2,560	72,630	1	2	2*	85
St. Vincent's Hospital [1-2]	Portland, Ore	F. R. Menne	214	4,854	3,826	184,112	1	1	4P	150
University of Oregon Medical School Hospitals and Clinics [1-2]	Portland, Ore	W. C. Hunter	400	3,085	3,085	187,394	2	8	3	85
Abington Memorial Hospital [1-2]	Abington, Pa	J. Elman	156	8,803	3,765	205,963	1	3	4P	100
Allentown Hospital [2]	Allentown, Pa	J. J. Wenner	276	3,721	3,388	190,067	1	1	4P	150
Sacred Heart Hospital [1-2]	Allentown, Pa	D. E. Stader	133	5,091	5,091	132,602	1	1	1P	225
St. Luke's Hospital [1-2]	Bethlehem, Pa	T. A. Cope, Jr	192	2,766	2,351	110,178	..	1	3P	100
Bryn Mawr Hospital [1-2]	Bryn Mawr, Pa	M. Strumia	...	9,952	3,737	...	1	1	4P	100
George G. Geisinger Memorial Hospital [1-2]	Danville, Pa	H. F. Hunt	111	2,865	2,865	100,860	1	3	3P	100
Fitzgerald-Mercy Hospital [1-2]	Darby, Pa	A. Valdes-Dapena	91	2,084	2,084	102,598	2	6	3P	100
Hamot Hospital [1-2]	Erie, Pa	E. L. Armstrong	125	4,764	4,764	131,985	..	4	4P	175
St. Joseph's Hospital [1]	Lancaster, Pa	F. E. Ziegler	165	4,957	...	97,359	1	2	2P	300
Episcopal Hospital [1]	Philadelphia	W. P. Belk	104	2,055	...	127,705	2	2	3P	50
Frankford Hospital [1-2]	Philadelphia	W. L. C. Spaeth	100	2,022	2,022	43,745	1	1	2*	200
Germantown Dispensary and Hospital [1-2]	Philadelphia	F. B. Lynch, Jr	157	2,509	2,127	104,258	1	3	4P	150
Graduate Hospital of the University of Pennsylvania [1-2]	Philadelphia	A. Valdes-Dapena	116	3,060	3,060	86,991	2	2	3	...
Hahnemann Medical College and Hospital [1-2]	Philadelphia	J. E. Gregory	309	7,180	7,180	238,467	2	6	4P	50

Numerical and other references will be found on page 363.

17. PATHOLOGY—Continued

Name of Hospital	Location	Chief of Service	Number of Autopsies	Number of Surgical Specimens	Number Examined Microscopically	Total Number of Laboratory Examinations	First Year Residencies Offered [a]	Total Residencies Offered [a]	Length of Approved Program (Years)	Beginning Stipend (Month)
Hospital of the University of Pennsylvania [1-3]	Philadelphia	R. Horn R. Norris	405	8,168	8,150	405,748	..	12	3	...
Hospital of the Woman's Medical College of Pennsylvania [1-3]	Philadelphia	M. Geiss	50	23	1,322	1,345	1	1	2P	100
Jefferson Medical College Hospital [3]	Philadelphia	P. A. Herbut	568	10,197	10,197	336,578	..	..	3	50
Jewish Hospital [1-3]	Philadelphia	H. Brody	182	5,765	5,765	120,123	3	4	1	75
Lankenau Hospital [1-24]	Philadelphia	C. E. Brown	156	9,275	9,275	149,965	2	2	4P	50
Mount Sinai Hospital [1-3]	Philadelphia	D. R. Meranze	196	3,729	3,729	141,544	4	4	4P	75
Pennsylvania Hospital [1-3]	Philadelphia	A. R. Crane	228	5,347	...	340,694	5	6	4P	70
Philadelphia General Hospital [1-3]	Philadelphia	J. H. Clark	1,311	35	4,341	479,522	3	7	3	112
Presbyterian Hospital [1]	Philadelphia	R. P. Custer	172	...	...	131,364	1	4	4P	25
Temple University Hospital [1-3]	Philadelphia	E. E. Aegerter	228	7,197	7,197	7,197	2	8	3	...
Allegheny General Hospital [1-3]	Pittsburgh	R. C. Grauer	121	3,624	3,624	140,965	..	1	3	150
Children's Hospital [1-3]	Pittsburgh	G. H. Fetterman	104	556	554	110,971	1	3	1	41.66
Mercy Hospital [1-3]	Pittsburgh	H. H. Fermar	120	5,350	5,092	31,051	2	2	4P	150
Montefiore Hospital [1-3]	Pittsburgh	K. Y. Yardumian	157	3,678	3,219	92,124	2	2	3P	125
Presbyterian Hospital [1]	Pittsburgh	F. L. Heller	134	4,651	4,100	112,501	1	3	3	41.66
St. Francis Hospital [1]	Pittsburgh	R. C. Hamilton	103	2,470	2,443	133,987	2	6	3	150
Western Pennsylvania Hospital [1-3]	Pittsburgh	A. Graham	85	3,980	3,980	165,872	1	1	3P	100
Reading Hospital [1]	Reading, Pa.	W. P. Jennings	248	3,428	3,397	130,092	2	6	3	125
Robert Packer Hospital [1-3]	Sayre, Pa.	C. H. DeWan	178	3,222	3,152	175,064	2	2	3P	150
Scranton State Hospital [1]	Scranton, Pa.	G. A. Clark	138	2,087	2,087	115,152	1	1	3P	...
Williamsport Hospital [1-3]	Williamsport, Pa.	M. G. Colvin	115	3,734	3,321	105,093	1	3	3	125
York Hospital [1]	York, Pa.	L. C. Pusch	127	2,423	2,423	101,550	1	3	3P	200
Rhode Island Hospital [1-3]	Providence, R. I.	H. Fanger	478	6,333	6,333	192,087	3	5	3P	144.33
Roper Hospital [1-3,27]	Charleston, S. C.	K. M. Lynch	221	4,554	3,678	177,948	2	6	3	50
Barotress Erlanger Hospital [1-3]	Chattanooga, Tenn.	Adamus	85	3,980	3,639	229,945	2	4	4P	100
Baptist Memorial Hospital [1-3]	Memphis	M. L. Trunnell	230	8,523	7,973	90,252	1	3	2	75
John Gaston Hospital [1-3]	Memphis	D. H. Sprunt	852	4,943	4,943	94,767	..	12	4P	150
Methodist Hospital [1]	Memphis	W. W. Tribby	99	5,902	5,502	164,937	..	7	4P	75
St. Joseph Hospital [1-3]	Memphis	W. W. Hurteau	115	3,651	3,432	133,811	1	3	3P	...
George W. Hubbard Hospital of Meharry Medical College [1-3]	Nashville	J. R. Cuff	123	1,851	1,851	1,851	2	2	2P	...
Nashville General Hospital [3]	Nashville	W. A. DeMonbreun	83	1,541	1,140	119,114	1	3	3P	100
Vanderbilt University Hospital [1-3]	Nashville	E. W. Goodpasture	208	4,021	3,974	4,021	..	..	3	50
Brackenridge Hospital [1-3]	Austin, Texas	P. K. Flynn	120	3,700	3,700	62,413	1	1	2P	250
Baylor University Hospital [1-3]	Dallas, Texas	J. M. Hill	171	12,251	...	216,643	3	6	3	75
Parkland Hospital [1-3]	Dallas, Texas	E. E. Muirhead	431	3,949	...	310,243	1	2	3	50
St. Paul's Hospital [1-3]	Dallas, Texas	J. L. Goforth	114	4,522	3,600	130,000	2	5	4P	100
University of Texas Medical Branch Hospitals [1-3,28]	Galveston, Texas	P. Brindley	330	5,537	5,483	170,473	3	9	3	75
Hermann Hospital [1-3]	Houston, Texas	W. G. Brown	233	7,271	7,271	242,131	2	6	4P	75
Jefferson Davis Hospital [1-3]	Houston, Texas	S. A. Wallace	415	3,513	3,513	22,532	1	3	4P	...
M. D. Anderson Hosp. for Cancer Research [1-3]	Houston, Texas	W. O. Russell	233	4,135	4,135	49,547	2	6	2P	150
St. Joseph's Infirmary [1]	Houston, Texas	P. M. Mareuse	194	6,080	5,280	230,650	1	2	2P	150
Baptist Memorial Hospital [1-3]	San Antonio, Texas	A. O. Severance	188	4,463	4,219	143,666	1	3	2P	120
Robert B. Green Memorial Hospital [1]	San Antonio, Texas	L. J. Manhoff	139	...	...	107,241	1	2	3P	...
Santa Rosa Hospital [1]	San Antonio, Texas	J. M. Moore	130	7,691	4,055	142,167	2	6	3	200
St. Benedict's Hospital [1-3]	Ogden, Utah	R. C. Ellis	82	2,166	1,752	50,336	1	1	1P	150
Dr. W. H. Groves Latter-Day Saints Hosp. [1-3]	Salt Lake City	J. H. Carlquist	181	5,330	3,813	93,879	1	1	1P	150
Holy Cross Hospital [1-3]	Salt Lake City	C. McNeil	82	6,750	2,830	77,651	1	3	1P	175
Salt Lake County General Hospital [1-3]	Salt Lake City	F. D. Gunn	222	1,492	1,469	61,869	1	3	3	100
Mary Fletcher Hospital [1-3]	Burlington, Vt.	E. Wolf	134	2,483	2,465	51,558	3	7	3	100
University of Virginia Hospital [1-3]	Charlottesville, Va.	J. R. Cash W. E. Bray	221	13,871	13,871	183,121	2	6	3P	50
Memorial Hospital [1]	Danville, Va.	J. W. Hooker J. G. K. Harvey	97	2,528	2,528	67,020	2	4	2P	...
De Paul Hospital [1-3]	Norfolk, Va.	A. Strauss	194	6,010	5,910	130,816	1	3	3	...
Norfolk General Hospital [1-3]	Norfolk, Va.	A. J. Rawson E. D. Levy	182	6,685	9,816	157,815	1	3	3	125
Medical College of Virginia—Hospital Division [1-3,29]	Richmond, Va.	F. L. Apperly	428	7,677	7,677	301,289	..	8	3	50
King County Hospital Unit No. 1 (Harborview) [1-3]	Seattle, Wash.	C. R. Jensen	572	2,789	2,352	302,078	1	1	3	...
Providence Hospital [1-3]	Seattle, Wash.	D. G. Mason	185	5,456	3,697	113,646	1	1	1P	200
Swedish Hospital [1]	Seattle, Wash.	P. Lund	201	5,424	5,424	158,163	1	1	1	100
Deaconess Hospital [1-3]	Spokane, Wash.	T. E. Ludden	179	3,272	2,907	87,904	1	2	3	175
St. Luke's Hospital [1-3]	Spokane, Wash.	O. O. Christianson	127	...	...	134,300	1	1	2P	150
St. Joseph's Hospital [1-3]	Tacoma, Wash.	C. R. McColl	109	4,638	4,612	9,342	2	4	2P	200
Tacoma General Hospital [1]	Tacoma, Wash.	C. P. Larson	331	6,964	6,692	80,866	1	3	3P	200
Charleston General Hospital [1]	Charleston, W. Va.	W. Putschar	124	2,747	2,518	68,635	1	1	3	125
University Hospitals—State of Wisconsin General Hospital [1-3]	Madison, Wis.	D. M. Angevine W. D. Stovall	252	4,368	4,218	295,903	1	4	3	50
Columbia Hospital [1-3]	Milwaukee	G. Ritchie	114	2,089	1,641	59,098	..	1	3	125
Milwaukee County Hospital [1]	Milwaukee	J. F. Kuzma	546	2,856	2,774	290,876	1	4	4P	199.60
St. Joseph Hospital [1-3]	Milwaukee	W. A. D. Anderson	183	3,781	2,940	73,946	1	4	4P	110
St. Mary's Hospital [1-3]	Milwaukee	S. B. Pessin	113	4,063	2,422	74,729	..	1	3P	150
Gorgas Hospital [2]	Ancon, C. Z.	N. W. Elton	405	3,027	3,027	287,721	1	3	3	...
Queen's Hospital [1]	Honolulu, T. H.	S. Price H. Civin	246	4,830	4,353	152,521	1	3	3	...

18. PEDIATRICS

The following services are approved by the Council and the American Board of Pediatrics. Hospitals, 240; Assistant Residencies and Residencies, 1,243

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [a]	Total Residencies Offered [a]	Length of Approved Program (Years)	Beginning Stipend (Month)
FEDERAL										
UNITED STATES ARMY										
Letterman Army Hospital	San Francisco, Calif.	C. I. Milburn	1,404	7,264	25	21	..	..	2	...
Fitzsimons Army Hospital	Denver, Colo.	B. H. Berrey	417	20,125	12	12	..	..	2	...
Army Medical Center [2]	Washington, D. C.	O. C. Bruton	1,196	20,262	24	24	2	2	2	...
Brooke Army Medical Center [3,31]	San Antonio, Texas	L. J. Geppert	1,253	17,929	38	37	..	..	2	...

Numerical and other references will be found on page 363.

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18. PEDIATRICS—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [2]	Total Residencies Offered [2]	Length of Approved Program (Years)	Beginning Stipend (Month)
UNITED STATES NAVY										
U. S. Naval Hospital [1]	Oakland, Calif.	D. W. Sherwood	1,054	15,376	8	6	..	..	1	...
U. S. Naval Hospital [1-3]	Bethesda, Md.	J. S. Winter	303	3,509	11	7	..	3	..	...
U. S. Naval Hospital [1]	Chelsea, Mass.	M. Kurzrok	621	7,020	4	4	2	4	..	...
U. S. Naval Hospital [1]	Philadelphia	S. M. Abelson	929	22,082	6	4	..	..	..	...
FEDERAL SECURITY AGENCY										
Freedmen's Hospital [1-3]	Washington, D. C.	R. B. Scott	658	4,468	45	23	2	7	2	...
NONFEDERAL										
Carraway Methodist Hospital [1]	Birmingham, Ala.	J. H. Ramsey	883	5,905	17	5	1	1	1	150
Children's Hospital [1]	Birmingham, Ala.	H. Kennedy	3,807	8,827	58	28	2	3	2	50
Jefferson-Hillman Hospital [1-3]	Birmingham, Ala.	K. Hare	2,490	6,233	98	47	1	1	2	50
Lloyd Noland Hospital [1-3]	Fairfield, Ala.	G. C. McCull ough	945	21,422	9	4	2	4	1	225
City Hospital [1]	Mobile, Ala.	J. MacBell	1,153	2,333	49	21	1	2	1	200
University Hospital [1]	Little Rock, Ark.	K. Dodd	555	4,383	29	22	1	3	2	120
Kern General Hospital [1-3]	Bakersfield, Calif.	R. Cohn	1,959	13,385	37	31	2	5	2	250
San Joaquin General Hospital [1-3]	French Camp, Calif.	T. W. Auhl	833	4,210	36	25	1	1	1	235
General Hospital of Fresno County [1-3]	Fresno, Calif.	J. E. Young	1,248	5,869	64	44	2	2	1	220
Seaside Memorial Hospital [1-3]	Long Beach, Calif.	H. M. VanDyke	1,185	2,946	43	10	1	1	1	150
California Babies' and Children's Hospital [1-3]	Los Angeles	T. L. Birnberg	1,233	17,857	11	9	1	2	1	155
Children's Hospital [1-3]	Los Angeles	M. J. Carson	3,691	58,891	191	167	14	22	2	40
Los Angeles County Hospital [1-3]	Los Angeles	T. Goldman	12,770	14,143	386	193	6	11	2	173
Queen of Angels Hospital [1-3]	Los Angeles	M. Jones	1,676	2,444	16	9	1	1	2	125
White Memorial Hospital [1-3]	Los Angeles	M. B. Brooks	694	16,333	25	17	2	4	2	132
Children's Hospital of the East Bay [1-3]	Oakland, Calif.	L. Lucraft	7,493	37,643	93	76	6	12	2	150
Highland-Alameda County Hospital [1-3]	Oakland, Calif.	A. L. Gleason	3,042	6,018	80	29	1	2	2	170
Permanente Hospital [1-3]	Oakland, Calif.	A. King	708	43,224	8	7	4	4	1	175
San Diego County General Hospital [1-3]	San Diego	F. H. Fehlmann	1,169	1,187	34	18	1	1	1	125
Children's Hospital [1-3]	San Francisco	H. P. Thelander	808	9,281	12	9	2	4	2	75
Mount Zion Hospital [1-3]	San Francisco	E. Wolff	730	1,734	29	22	1	1	1	75
St. Mary's Hospital [1-3]	San Francisco	R. G. Flood	2,948	4,416	9	6	1	2	2	100
Stanford University Hospitals [1-3, 32]	San Francisco	J. A. Anderson	993	13,250	10	8	2	6	2	50
University of California Hospital [1-3, 32]	San Francisco	W. F. Deamer	1,574	14,396	46	41	..	4	2	78.75
Harbor General Hospital [1-3]	Torrance, Calif.	M. Hurst	481	1,710	18	14	2	4	1	173
Children's Hospital [1-3]	Denver	E. T. Williams	3,943	...	77	66	6	10	2	125
University of Colorado Medical Center										
Colorado General Hospital [1-3]	Denver	J. Flett	1,916	11,680	68	63	3	8	2	150
Denver General Hospital [1-3, 28]	Denver	J. Flett	436	10,794	5	20	2	2	2	157
Hartford Hospital [1-3]	Hartford, Conn.	J. B. Griggs	1,984	315	18	17	1	2	2	50
St. Francis Hospital [1-3]	Hartford, Conn.	C. L. Thenebe	859	704	10	5	2	2	..	75
Grace-New Haven Community Hospital										
New Haven Unit (University Service) [1-3]	New Haven	M. J. E. Senn	1,338	10,995	84	60	6	11	2	40
Hospital of St. Raphael [1-3]	New Haven	W. Metoyer	1,494	484	10	10	1	2	2	75
Waterbury Hospital [1-3]	Waterbury, Conn.	J. H. Root	1,831	797	12	10	1	1	1	100
Delaware Hospital [1-3]	Wilmington, Del.	C. E. Wagner	2,146	1,616	57	33	1	3	2	130
Children's Hospital [1-3]	Washington, D. C.	E. P. Copeland	...	...	...	...	12	20	2	30
Gallinger Municipal Hospital [1-3]	Washington, D. C.	I. Hoeck	983	14,305	28	21	6	12	2	100
Georgetown University Hospital [1-3]	Washington, D. C.	F. G. Burke	916	2,260	8	7	2	2	1	25
Providence Hospital [1-3]	Washington, D. C.	W. O. Donnell	1,883	1,221	5	4	1	1	1	150
Duval Medical Center [3]	Jacksonville, Fla.	L. W. Holloway	718	7,320	53	36	1	1	1	125
St. Vincent's Hospital [1-3]	Jacksonville, Fla.	L. Holloway	2,332	...	18	10	2	2	1	100
Jackson Memorial Hospital [1]	Miami, Fla.	A. W. Quillian	1,952	4,790	77	54	2	4	1	75
Crawford W. Long Memorial Hospital [1-3]	Atlanta, Ga.	L. H. Muse	1,402	4,080	33	19	5	6	2	87.50
Grady Memorial Hospital [1]	Atlanta, Ga.	R. W. Blumberg	805	49,571	68	50	4	10	2	30
Henrietta Egleston Hospital for Children [1-3]	Atlanta, Ga.	M. H. Roberts	1,194	...	30	16	..	3	1	150
University Hospital [1-3]	Augusta, Ga.	H. B. O'Rear	1,646	3,658	61	28	3	6	..	...
Children's Memorial Hospital [1-3]	Chicago	J. A. Bigler	5,242	44,485	73	66	11	15	2	75
Cook County Hospital [1-3]	Chicago	A. Levinson	6,819	3,156	571	410	15	15	2	50
Mercy Hospital [1-3]	Chicago	H. W. Elghammer	1,538	3,123	21	14	1	2	2	25
Michael Reese Hospital [1-3]	Chicago	B. M. Kagan	6,676	27,323	259	162	4	10	2	75
Mount Sinai Hospital [1-3]	Chicago	B. M. Gasul	2,849	5,321	43	37	1	2	2	50
Presbyterian Hospital [1-3]	Chicago	H. N. Sanford	1,602	8,388	69	61	1	2	2	50
Provident Hospital [1-3]	Chicago	R. N. Jefferson	811	2,344	4	2	1	3	2	85
Research and Educational Hospitals [1-3]	Chicago	H. G. Poncher	469	10,616	36	35	2	6	2	60
St. Joseph's Hospital [1-3]	Chicago	H. Jacobs	1,183	...	2	2	1	1	1	1.5
St. Luke's Hospital [1-3]	Chicago	A. D. Bigos	474	5,343	12	12	1	2	2	50
University of Chicago Clinics [1-3]	Chicago	F. H. Wright	913	17,593	38	30	7	15	2	25
Little Company of Mary Hospital [1-3]	Evergreen Park, Ill.	E. G. Lawler	2,917	...	23	22	3	3	1	175
West Suburban Hospital	Oak Park, Ill.	D. D. Butler	1,475	1,474	14	8	1	1	1	150
St. Francis Hospital [1-3]	Peoria, Ill.	H. R. Miller	1,275	1,952	59	35	1	1	1	100
Indianapolis General Hospital [1]	Indianapolis	I. Rosenbaum	427	10,414	32	15	1	2	2	100
Indiana University Medical Center [1]	Indianapolis	L. Melks	1,964	8,206	157	101	3	6	2	150
St. Vincent's Hospital [1]	Indianapolis	B. K. Rust	2,027	2,715	24	19	1	2	1	250
Iowa Methodist Hospital [1-3]	Des Moines, Ia.	F. Hill	4,080	14,790	37	28	4	7	2	100
University Hospitals [1-3]	Iowa City	P. C. Jeans	1,714	2,854	55	33	4	6	2	50
University of Kansas Medical Center [1-3]	Kansas City	H. Miller	1,249	9,208	50	44	4	7	2	125
St. Joseph's Infirmary [1]	Louisville	O. S. Ogden	2,411	205	42	23	1	2	2	150
University of Louisville Hospitals [1-3]	Louisville	I. T. Davidson	851	14,591	54	33	9	16	2	55
Louisville General Hospital										
Children's Hospital										
Charity Hospital of Louisiana										
Independent Unit [1-3]	New Orleans	W. C. Rivenbark	900	5,102	32	18	3	5	2	25
Louisiana State University Unit [1-3]	New Orleans	M. E. Wegman	1,179	9,078	52	35	7	11	2	25
Tulane University Unit [1-3]	New Orleans	R. V. Platou	1,348	7,953	56	39	7	11	2	25
Hotel Dieu, Sisters Hospital [1]	New Orleans	F. R. Kinberger	1,807	...	12	9	2	4	1	100
Southern Baptist Hospital [1]	New Orleans	J. E. Bailey	1,779	...	8	7	1	2	1	...
Touro Infirmary [1-3]	New Orleans	S. Chapman	744	8,396	9	6	1	2	2	35
Shreveport Charity Hospital [1]	Shreveport, La.	C. H. Webb	2,388	1,325	115	47	2	4	2	60
Central Maine General Hospital [1]	Lewiston, Maine	H. C. Thacher	1,080	630	23	15	1	1	1	150
Baltimore City Hospitals [1-3]	Baltimore	H. E. Harrison	1,001	30,085	113	93	3	4	2	35
Johns Hopkins Hospital [1-3]	Baltimore	E. F. Schwentker	1,267	30,690	158	139	..	20	2	...
Mercy Hospital [1-3]	Baltimore	F. Smith	527	2,213	23	14	1	1	1	125
Sinai Hospital [1-3]	Baltimore	H. H. Gordon	446	3,573	21	14	3	4	2	85
Union Memorial Hospital [1-3]	Baltimore	W. C. Stiffler, Jr.	527	1,757	15	10	2	3	1	40
University Hospital [1-3]	Baltimore	J. E. Bradley	382	11,731	62	54	3	8	2	25
Boston City Hospital [1-3]	Boston	M. J. Enellish	5,070	12,682	127	40	..	2	2	132
Boston Floating Hospital [1-3]	Boston	J. M. Baty	1,822	...	54	42	8	10	2	25

Numerical and other references will be found on page 353.

18. PEDIATRICS—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
Children's Medical Center [1-3]	Boston	C. A. Janeway	1,992	13,450	251	..	17	30	2	41.67
Massachusetts General Hospital [1-3]	Boston	A. M. Butler	1,210	8,100	22	19	5	6	2	66.67
Worcester City Hospital [1-3]	Worcester, Mass.	A. S. O'Connor	864	746	17	9	1	1	1	100
University Hospital [1]	Ann Arbor, Mich.	J. L. Wilson	1,347	14,446	90	72	14	22	2	134.16
Children's Hospital [1]	Detroit	P. V. Woolley	3,496	49,918	318	188	10	22	2	125
Harper Hospital [1]	Detroit	E. E. Martiner	2,258	1,247	46	31	1	2	1	205
Henry Ford Hospital [1-3]	Detroit	J. A. Johnston	1,702	25,050	32	17	3	6	2	225
Providence Hospital [1]	Detroit	L. P. Sonda	660	...	20	13	1	2	1	225
Hurley Hospital [1-3]	Flint, Mich.	K. W. A. McLeod	3,627	4,463	38	21	1	2	2	300
St. Mary's Hospital [1]	Grand Rapids, Mich.	J. C. Montgomery	581	84	19	11	1	3	1	200
Saginaw General Hospital [1-3]	Saginaw, Mich.	R. M. Kempton	1,573	2,144	25	21	1	2	2	300
Minneapolis General Hospital [1-3]	Minneapolis	S. F. Brown	755	5,333	26	11	3	4	2	156
Northwestern Hospital [1-3]	Minneapolis	E. Platou	1,489	...	17	11	1	1	1	200
St. Barnabas Hospital [1-3]	Minneapolis	T. C. Papenhausen	2,147	...	43	35	1	1	1	175
University of Minnesota Hospitals [1-3]	Minneapolis	I. McQuarrie	1,670	5,902	86	74	4	12	2	142.50
Mayo Foundation [1-3]	Rochester, Minn.	R. L. J. Kenneiy	...	...	..	..	6	19	2	150
Children's Mercy Hospital [1-3]	Kansas City, Mo.	H. Gilkey	1,953	15,399	76	..	4	4	1	85
Kansas City General Hospital No. 1 [1-3]	Kansas City, Mo.	E. L. Glasscock	987	2,996	15	9	2	2	1	75
Homer G. Phillips Hospital [1-3]	St. Louis	P. J. White	1,659	10,894	152	11	4	8	2	132.80
Jewish Hospital [1-3]	St. Louis	M. Deutsch	941	1,920	8	6	..	1	1	150
St. Louis Children's Hospital [1-3]	St. Louis	A. F. Hartmann	3,729	35,000	119	88	14	29	2	10
St. Louis City Hospital [1-3]	St. Louis	D. Thurston								
		Peden	1,630	12,295	75	23	4	6	2	132.80
St. Mary's Group of Hospitals [1-3]	St. Louis	P. G. Danis	1,810	12,894	34	30	4	12	2	65
Creighton Memorial, St. Joseph's Hosp. [1-3,71]	Omaha, Neb.	J. H. Murphy	611	3,991	17	14	1	2	2	100
University of Nebraska Hospital [1-3,71]	Omaha, Neb.	H. M. Jahr	531	2,623	14	14	3	5	2	175
Mary Hitchcock Memorial Hospital [1-3]	Hanover, N. H.	Stewart III	1,388	4,521	18	18	1	2	2	171
Cooper Hospital [1-3]	Camden, N. J.	V. DelDuca	916	811	14	10	1	1	1	83.33
Jersey City Medical Center [1-3]	Jersey City, N. J.	C. P. DeFuccio	1,319	10,728	23	9	3	6	2	66.66
Babies' Hospital-Coit Memorial [1-3]	Newark, N. J.	M. G. Gregory	3,382	4,896	24	12	2	2	1	150
St. Michael's Hospital [1-3]	Newark, N. J.	H. A. Murray	2,616	5,818	48	35	5	5	2	110
Albany Hospital [1-3]	Albany, N. Y.	P. J. White	1,659	2,088	21	19	3	4	2	110
St. Peter's Hospital [1-3]	Albany, N. Y.	H. F. Leahy	1,528	58	6	3	1	1	1	175
Beth-El Hospital [1-3]	Brooklyn	B. Schick	4,159	4,294	70	57	4	4	1	100
Brooklyn Hospital [1-3]	Brooklyn	T. M. Lamb	481	7,022	41	36	..	1	1	75
Coney Island Hospital [1-3]	Brooklyn	S. Nussbaum	742	4,230	19	14	1	2	1	90
Cumberland Hospital [1-3]	Brooklyn	T. B. Givan	2,364	11,489	34	31	4	5	2	90
Greenpoint Hospital [1-3]	Brooklyn	I. Schiff	453	4,542	12	7	1	2	1	90
Jewish Hospital [1-3]	Brooklyn	B. Kramer	866	14,552	29	15	5	10	2	25
Kings County Hospital [1-3]	Brooklyn	L. J. Mullin								
		L. Krahulik	2,708	9,006	134	69	4	8	2	90
Long Island College Hospital [1-3]	Brooklyn	C. A. Weymuller	501	7,133	17	11	2	4	2	25
Maimonides Hospital [1-3]	Brooklyn	J. Meisel								
		M. Palinsky	884	3,551	38	18	1	4	2	35
Methodist Hospital [1-3]	Brooklyn	W. F. Watton	528	3,543	17	8	1	2	1	75
Norwegian Lutheran Deaconesses Home and Hospital [1-3]	Brooklyn	J. A. Monfort	640	863	14	26	1	2	1	...
St. Catherine's Hospital [1-3]	Brooklyn	J. P. Lombard	487	2,725	15	10	2	2	1	75
St. Mary's Hospital [1-3]	Brooklyn	K. G. Jennings	482	1,708	6	4	1	2	1	175
Wyckoff Heights Hospital [1-3]	Brooklyn	L. Larkin	334	730	7	2	..	..	..	...
Children's Hospital [1-3]	Buffalo	M. I. Rubin	2,138	16,577	93	67	14	20	2	75
Edward J. Meyer Memorial Hospital [1-3]	Buffalo	F. J. Gustina	2,198	8,018	39	19	3	3	2	179
Mary Imogene Bassett Hospital [1-3]	Cooperstown, N. Y.	T. C. Goodwin	211	5,275	4	4	1	1	1	83.33
Flushing Hospital and Dispensary [1-3]	Flushing, N. Y.	H. C. Vogel	4,341	2,215	79	36	1	1	1	125
Mary Immaculate Hospital [1-3]	Jamaica, N. Y.	A. A. Trivillin								
		V. G. Tosti	686	1,357	35	19	1	1	1	110
Queens General Hospital [1-3]	Jamaica, N. Y.	H. A. Reisman	1,042	4,529	104	78	2	4	2	90
Bellevue Hospital Center Division III—New York University College of Medicine [1-3,72]	New York City	L. E. Holt	1,374	40,440	115	66	7	7	2	80
Beth Israel Hospital [1-3]	New York City	P. Cohen	474	3,811	11	7	2	2	2	60
Bronx Hospital [1-3]	New York City	J. H. Lapin	502	4,613	13	7	1	2	2	75
Flower and Fifth Avenue Hospitals [1-3]	New York City	L. H. Slobody	1,938	5,221	..	..	2	4	2	...
Fordham Hospital [1-3]	New York City	J. Golomb	1,642	3,137	41	21	3	3	2	90
Harlem Hospital [1-3]	New York City	M. Gleich	1,711	36,555	94	40	2	3	2	90
Lenox Hill Hospital [1-3]	New York City	A. F. Anderson	596	3,615	14	9	1	1	2	50
Lincoln Hospital [1-3]	New York City	H. S. Altman	1,180	11,284	30	16	2	5	2	60
Metropolitan Hospital [1-3]	New York City	L. B. Slobody	1,360	11,814	43	21	5	7	2	90
Morrisania City Hospital [1-3]	New York City	H. Pasachoff	567	5,486	30	27	1	3	2	80
Mount Sinai Hospital [1-3]	New York City	H. L. Hodes	1,804	25,445	47	40	6	6	2	50
New York City Hospital [1-3]	New York City	E. F. Amerman	1,234	8,297	17	14	2	3	2	90
New York Foundling Hospital [1-3]	New York City	A. S. Weber	787	4,558	5	5	8	8	½	50
New York Hospital [1-3]	New York City	S. Z. Levine	1,214	31,238	109	94	9	16	2	25
New York Infirmary [1-3]	New York City	R. Bakwin	219	2,960	5	3	1	1	1	75
New York University-Bellevue Medical Center University Hospital [1-3,72]	New York City	(See also Bellevue Hospital Center, Division III) A. G. DeNanetis	635	9,875	25	22	6	6	2	80
Presbyterian Hospital [1-3]	New York City	R. McIntosh	4,175	41,547	185	147	14	18	2	208.33
Roosevelt Hospital [1-3]	New York City	E. N. Joyner, III	543	4,044	7	4	..	2	1	...
St. Clare's Hospital [1-3]	New York City	C. O. Regan	1,199	5,566	36	25	1	2	1	50
St. Luke's Hospital [1-3]	New York City	H. F. Jackson	778	8,055	15	11	2	4	2	60
St. Vincent's Hospital [1-3]	New York City	J. J. Vigue	851	8,519	26	25	2	3	2	50
Genesee Hospital [1-3]	Rochester, N. Y.	J. Glaser	453	2,113	8	8	..	1	2	70
Rochester General Hospital [1-3]	Rochester, N. Y.	F. W. Bush	574	2,995	7	6	1	2	1	100
Strong Memorial-Rochester Municipal Hosp. [1-3]	Rochester, N. Y.	S. W. Clausen	1,797	8,354	62	54	3	8	2	41.66
St. Vincent's Hospital [1-3]	Staten Island, N. Y.	G. W. McCormick	1,645	679	7	6	1	1	1	150
Sea View Hospital [1-3]	Staten Island, N. Y.	B. Ratner	337	...	4	3	5	5	1	140
St. Joseph's Hospital [1-3]	Syracuse, N. Y.	G. Murdock	2,479	1,206	11	..	1	1	1	...
State University of New York Medical Center [1-3,73]	Syracuse, N. Y.	T. C. Wyatt	5,075	4,501	181	87	4	11	2	150
Grasslands Hospital [1-3]	Valhalla, N. Y.	F. D. Barnes	429	1,955	17	9	1	3	2	125
Charlotte Memorial Hospital [1-3]	Charlotte, N. C.	C. H. Gay	596	4,739	14	10	1	2	2	150
Duke Hospital [1-3]	Durham, N. C.	W. C. Davison	2,568	15,290	118	85	7	14	2	41.66
Watts Hospital [1-3]	Durham, N. C.	A. H. London	631	1,189	28	2	..	1	2	75
Rex Hospital [1-3]	Raleigh, N. C.	A. S. Root	1,236	4,215	36	9	1	1	2	150
Babies' Hospital [1-3]	Wilmington, N. C.	J. B. Sidbury	1,665	5,570	17	5	..	2	1	200
James Walker Memorial Hospital [1-3]	Wilmington, N. C.	J. C. Knox	1,560	3,000	47	5	1	2	1	125
City Memorial Hospital [1-3]	Winston-Salem, N. C.	F. A. Blount	2,707	...	34	15	2	2	1	200
North Carolina Baptist Hospital [1]	Winston-Salem, N. C.	R. B. Lawson	1,225	7,755	66	39	1	6	2	41.66
Children's Hospital [1-3]	Akron, Ohio	N. Miller	2,942	765	75	53	4	5	2	200

Numerical and other references will be found on page 363.

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18. PEDIATRICS—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
Children's Hospital [1]	Cincinnati	A. A. Weech	....	....	..	..	9	19	2	45
Cincinnati General Hospital [1-3]	Cincinnati	A. A. Weech	1,292	7,989	45	21	19	39	2	....
Good Samaritan Hospital [1-3]	Cincinnati	E. A. Wagner	1,961	....	24	8	1	1	1	155
University Hospital [1-3]	Cleveland	S. Spector	3,098	18,678	172	100	6	13	2	25
Children's Hospital [1-3]	Columbus, Ohio	E. H. Baxter	5,967	29,913	..	..	6	14	2	116
Mercy Hospital [1-3]	Toledo, Ohio	L. E. Payne	1,939	1,627	20	12	1	1	1	150
University Hospitals [1-3]	Oklahoma City	C. H. Hall	1,471	10,173	88	45	2	4	2	75
Hillcrest Memorial Hospital [1-3]	Tulsa, Okla	R. M. Wadsworth	1,995	....	31	20	1	3	2	150
St. John's Hospital [1]	Tulsa, Okla	M. J. Searle	3,869	....	37	21	2	2	1	150
University of Oregon Medical School Hospitals and Clinics [1-3]	Portland, Ore	A. Hill	1,000	7,821	68	62	2	5	2	85
Abington Memorial Hospital [1-3]	Abington, Pa	T. S. Wilder	861	312	16	10	2	2	1	100
Children's Hospital of the Mary J. Drexel Home [1-3]	Philadelphia	E. Bacon								
		J. Lyon	491	4,302	12	9	2	2	1	100
Germantown Dispensary and Hospital [1-3]	Philadelphia	P. S. Barba	1,202	1,928	9	5	2	2	1	150
Graduate Hospital of the University of Pennsylvania [1-3]	Philadelphia	J. A. Ritter	593	1,173	10	6	1	1	1	....
Hahnemann Medical College and Hospital [1-3]	Philadelphia	C. C. Fischer	472	7,343	32	29	3	5	2	50
Hospital of the Woman's Medical College of Pennsylvania [1-3]	Philadelphia	E. P. Bacon	442	2,004	2	2	1	2	2	60
Jefferson Medical College Hospital [1]	Philadelphia	E. L. Bauer	564	11,971	32	18	..	..	2	....
Jewish Hospital [1-3]	Philadelphia	A. M. Dannenberg	1,294	393	14	9	1	2	1	75
Mount Sinai Hospital [1-3]	Philadelphia	I. P. Morris	301	2,494	9	8	1	1	1	75
Philadelphia General Hospital [1-3]	Philadelphia	J. A. Ritter	1,523	6,367	115	84	3	8	2	112
St. Luke's and Children's Medical Center [1-3]	Philadelphia	H. Agerty	621	4,100	13	11	2	2	1	....
Temple University Hospitals [22]										
St. Christopher's Hospital for Children [1-3]	Philadelphia	W. E. Nelson	2,786	42,963	..	..	9	16	2	50
Temple University Hospital [1-3]	Philadelphia	W. E. Nelson	31	8,642	..	..	..	..	..	....
University of Pennsylvania Hospitals										
Children's Hospital	Philadelphia	J. Stokes, Jr.	1,661	22,264	76	62	12	29	2	....
Hospital of the University of Pennsylvania [1-3]	Philadelphia	P. Gyorgy	557	4,780	65	62	..	6	2	....
Allegheny General Hospital [1-3]	Pittsburgh	T. O. Eliterich	506	2,388	27	15	2	2	1	150
Children's Hospital [1-3]	Pittsburgh	F. R. McCluskey	2,660	17,915	116	88	7	15	2	141.66
Western Pennsylvania Hospital [1-3]	Pittsburgh	H. C. Flood	1,483	992	..	..	1	1	1	100
Robert Packer Hospital [1-3]	Sayre, Pa	J. M. Higgins	1,339	2,107	19	14	2	2	2	150
Charles V. Chapin Hospital [1]	Providence, R. I	H. G. Calder	1,334	1,080	20	15	4	4	1	50
Rhode Island Hospital [1-3]	Providence, R. I	R. M. Lord	1,104	4,013	20	12	2	4	2	60
Roper Hospital [1-3]	Charleston, S. C	M. W. Beach	1,798	8,698	42	30	1	4	2	50
Columbia Hospital [1-3]	Columbia, S. C	E. M. Madden	3,553	....	107	31	1	2	2	125
Knoxville General Hospital	Knoxville, Tenn	J. G. Eblen	776	970	22	8	..	1	1	95
Baptist Memorial Hospital [1-3]	Memphis, Tenn	A. M. Jones	743	309	30	11	1	2	1	75
John Gaston Hospital [1-3]	Memphis, Tenn	F. T. Mitchell	2,399	17,041	86	51	3	6	2	35
Methodist Hospital [3]	Memphis, Tenn	W. D. Mims	1,425	1,000	43	16	..	1	1	75
St. Joseph Hospital [1-3]	Memphis, Tenn	H. J. Jacobson	1,358	600	25	12	1	2	2	100
George W. Hubbard Hospital of Meharry Medical College [1-3]	Nashville	E. P. Crump	745	7,880	20	20	2	6	2	100
St. Thomas Hospital [1]	Nashville	J. C. Overall	3,131	....	69	14	2	4	1	250
Vanderbilt University Hospital [1-3]	Nashville	A. Christie	1,056	12,280	71	37	..	..	2	50
Children's Medical Center [1-3]	Dallas, Texas	G. B. Forbes	3,747	36,678	81	62	6	13	2	50
St. Paul's Hospital [1-3]	Dallas, Texas	A. L. Alferi	1,842	5,876	29	24	1	3	1	100
University of Texas Medical Branch Hospitals [1-3, 22]	Galveston, Texas	A. E. Hansen	893	10,480	75	35	4	11	2	50
Hermann Hospital [1-3]	Houston, Texas	R. J. Blattner	1,158	8,987	46	30	3	9	2	75
Jefferson Davis Hospital [1-3]	Houston, Texas	R. Blattner	1,261	32,950	167	46	4	8	2	25
Santa Rosa Hospital [1]	San Antonio, Texas	S. R. Kalicki	1,967	3,674	79	48	2	2	1	150
Salt Lake County General Hospital [1-3]	Salt Lake City	J. Bosma	756	4,571	45	28	4	7	2	100
Mary Fletcher Hospital [1-3]	Burlington, Vt	R. J. McKay, Jr.	396	165	9	8	1	2	1	50
University of Virginia Hospital [1-3]	Charlottesville, Va	W. W. Waddell, Jr.	794	5,706	60	41	3	4	2	50
Medical College of Virginia Hospital Division [1-3]	Richmond	L. E. Sutton, Jr.	1,614	13,417	98	84	5	10	2	50
Children's Orthopedic Hospital [1-3]	Seattle, Wash	J. I. Durand	1,038	8,867	56	41	1	3	2	110
King County Hospital Unit No. 1 (Harborview) [1-3]	Seattle, Wash	W. B. Seelye	1,822	1,987	45	30	..	1	2	120
University Hospitals										
State of Wisconsin General Hospital [1-3]	Madison, Wis	J. E. Gonce, Jr.	801	2,858	43	32	1	3	2	50
Milwaukee Children's Hospital [1]	Milwaukee	G. F. Kelly	5,047	27,913	84	65	8	8	2	90
Milwaukee County Hospital [1]	Milwaukee	M. G. Peterman	3,177	3,412	80	34	1	2	2	100.66
Kaukeolani Children's Hospital [1-3]	Honolulu, T. H	C. K. Kobayashi	2,859	4,510	33	21	2	4	2	200
Bayamon District Hospital [1-3]	Bayamon, P. R	I. Ortiz	1,021	318	155	29	1	1	1	250
San Juan City Hospital [1-3]	San Juan, P. R	A. Ortiz Ortiz	1,758	78,360	255	65	2	5	2	150

19. PHYSICAL MEDICINE AND REHABILITATION

The following services are approved by the Council and the American Board of Physical Medicine and Rehabilitation. Residencies in this specialty have been approved without specifying the number of years which they are accredited. The Board will give appropriate credit for training in these hospitals on an individual basis.

Hospitals, 45; Assistant Residencies and Residencies, 87

Name of Hospital	Location	Chief of Service	Inpatients Treated	Number of Treatments	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
FEDERAL							
UNITED STATES ARMY							
Letterman Army Hospital	San Francisco	R. C. Psaki	4,231	116,364	..	..	....
Fitzsimons Army Hospital	Denver	H. B. Luscombe	7,045	230,440	..	..	....
Army Medical Center [15]	Washington, D. C	J. H. Kultert	5,224	344,278	1	4	....
VETERANS ADMINISTRATION							
Veterans Admin. Hospital [1-3]	Long Beach, Calif	O. L. Huddleston	3,305	182,286	1	1	....
Veterans Admin. Hospital [1-3]	Denver	C. C. Hoffman	731	11,804	1	3	....
Veterans Admin. Hospital [1]	Hines, Ill	L. B. Newman	5,135	463,131	4	4	....
Veterans Admin. Hospital [1-3]	Wadsworth, Kan	L. Blau	2,471	174,247	1	2	....
Veterans Admin. Hospital [1-3]	Framingham, Mass	F. Friedland	7,100	214,000	1	3	....
Veterans Admin. Hospital [1-3]	New York City	A. S. Abramson	4,196	302,119	1	2	....
Veterans Admin. Hospital [1-3]	Cleveland	H. T. Zankel	1,646	78,194	1	1	....
Veterans Admin. Hospital [1-3]	Portland, Ore	E. W. Fowlks	4,369	112,456	1	2	....
Veterans Admin. Hospital [1]	Aspinwall, Pa	S. Machover	1,957	56,412	1	1	....

Numerical and other references will be found on page 353.

19. PHYSICAL MEDICINE AND REHABILITATION—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Number of Treatments	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
Veterans Admin. Hospital [3]	Memphis, Tenn.	F. I. Mahoney	10,080	152,031	..	..	...
Veterans Admin. Hospital [1-3]	Houston, Texas	B. L. Boynton	1,682	60,580	1	2	...
Veterans Admin. Hospital [1-3]	Milwaukee	P. Piaskoski	16,084	289,032	..	..	...
NONFEDERAL							
Los Angeles County Hospital [1-3]	Los Angeles	E. Austin	...	90,906	..	1	175
White Memorial Hospital [1-3]	Los Angeles	F. B. Moor	29,608	29,608	1	1	132
University of Colorado Medical Center Colorado General Hospital [1-3]	Denver	H. Dinken	2,177	38,381	1	2	150
State of Connecticut Veterans Home and Hospital [1-3]	Rocky Hill, Conn.	N. K. Covalt	663	63,375	..	3	253.84
George Washington University Hospital [1-3]	Washington, D. C.	C. S. Wise	2,433	15,463	..	..	150
Emory University Hospital [1-3]	Emory University, Ga.	R. L. Bennett	1,001	15,846	..	1	250
Georgia Warm Springs Foundation [1-3]	Warm Springs, Ga.	R. L. Bennett	998	114,110	1	4	250
Michael Reese Hospital [1-3]	Chicago	C. Molander	3,389	30,979	1	1	25
Northwestern University Medical Center [1-3, 47]	Chicago		13,732	43,469	..	..	50
Research and Educational Hospitals [1-3]	Chicago	F. A. Hellebrandt	12,396	12,396	1	3	60
University of Kansas Medical Center [1-3]	Kansas City, Kan.	D. Rose	2,563	49,619	..	1	125
Massachusetts General Hospital [1-3]	Boston	A. L. Watkins	3,039	33,483	..	2	66.67
University Hospital [1]	Ann Arbor, Mich.	J. W. Rae, Jr.	...	20,659	2	6	134.16
University of Minnesota Hospitals [1-3]	Minneapolis	F. J. Kottke	14,007	25,194	2	6	142.50
Mayo Foundation [1-3]	Rochester, Minn.	F. H. Krusen	...	...	2	6	150
Barnes Hospital [2]	St. Louis	S. Mead	9,572	9,572	..	1	25
Bellevue Hospital Center Division III—New York University College of Medicine [1-3, 70, 82]	New York City	H. A. Rusk	1,082	83,147	4	7	80
Goldwater Memorial Hospital [1-3]	New York City	M. Dacso	674	44,446	1	2	90
Hospital for Joint Diseases [1-3]	New York City	J. Weiss	...	90,407	1	1	60
Hospital for Special Surgery [3]	New York City	K. G. Hansson	19,388	37,284	1	1	160
Metropolitan Hospital [1-3]	New York City	J. Tobis	1,023	24,788	..	..	...
Mount Sinai Hospital [1-3]	New York City	W. Bierman	8,464	32,947	1	1	50
New York City Hospital [1-3]	New York City	F. K. Safford, Jr.	1,030	37,080	1	1	160
Presbyterian Hospital [1-3]	New York City	R. C. Darling	5,011	175,061	1	1	208.33
St. Luke's Hospital [1-3]	New York City	R. Muller	1,060	115,572	1	1	60
Rehabilitation Hospital [1-3]	West Haverstraw, N. Y.	M. Hoberman	517	332,935	1	1	225
Cleveland Clinic Hospital [1-3]	Cleveland	W. J. Zelter	16,658	36,957	1	3	150
University Hospitals Ohio State University Hospital [1-3]	Columbus, Ohio	R. E. Worden	1,245	15,804	..	..	125
Hospital of the University of Pennsylvania [1-3]	Philadelphia	G. Piersol	2,771	45,549	..	1	...
Philadelphia General Hospital [1-3]	Philadelphia	A. Martucci	1,225	60,802	2	2	112

20. PLASTIC SURGERY

The following services are approved by the Council and the American Board of Plastic Surgery. Hospitals, 28; Assistant Residencies and Residencies, 60

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
FEDERAL										
VETERANS ADMINISTRATION										
Veterans Admin. Hospital [1]	Hines, Ill.	P. W. Greeley	334	...	[2]	..	1	1	[2]	...
Veterans Admin. Hospital [1-3]	New York City	H. Conway	387	230	[2]	..	[2]	4	[2]	...
Veterans Admin. Hospital [1, 73]	White River Junction, Vt.	R. C. Tanzer	380	1,498	2	2	1	2	[2]	...
NONFEDERAL										
Franklin Hospital [1-3]	San Francisco	H. M. Blackfield	326	150	..	..	1	[2]	[2]	165
St. Francis Memorial Hospital [1-3]	San Francisco	G. W. Pierce	1,113	221	..	..	1	1	[2]	365
Indiana University Medical Center [1]	Indianapolis	H. M. Trusler	700	1	..	..	..	1	[2]	200
University of Kansas Medical Center [1-3]	Kansas City, Kan.	D. W. Robinson	518	2,198	14	12	1	2	[2]	125
Charity Hospital of Louisiana Louisiana State University Unit [1-3]	New Orleans	W. R. Metz	343	2,539	15	3	..	1	[2]	25
Tulane University Unit [1-3]	New Orleans	N. Owens	320	2,050	15	1	..	1	[2]	25
Johns Hopkins Hospital [1-3]	Baltimore	E. M. Hanrahan	642	2,036	5	4	1	1	[2]	41.67
Mayo Foundation [1-3]	Rochester, Minn.	F. A. Figi	...	...	..	..	2	7	[2]	150
Barnes Hospital [2]	St. Louis	J. B. Brown	845	...	4	3	..	5	[2]	25
Hospital of St. Barnabas and for Women and Children [1-3]	Newark, N. J.	L. A. Peer	756	1,021	3	2	2	4	[2]	100
Albany Hospital [1-3]	Albany, N. Y.	W. B. Macomber	225	307	2	2	1	1	[2]	110
Kings County Hospital [1-3]	Brooklyn	D. L. Teplitsky G. O'Brien	1,273	3,534	217	5	1	2	[2]	90
Beth Israel Hospital [1-3]	New York City	A. J. Barsky	250	235	..	..	1	1	[2]	60
New York Hospital [1-3]	New York City	H. Conway	480	2,320	1	..	..	1	[2]	25
Presbyterian Hospital [1-3]	New York City	J. P. Webster	540	4,087	2	..	2	4	[2]	266.66
Strong Memorial-Rochester Municipal Hospitals [1-3]	Rochester, N. Y.		301	494	..	..	..	1	2	41.66
Duke Hospital [1-3]	Durham, N. C.	K. L. Pickrell	906	2,174	10	8	2	5	[2]	41.66
University Hospitals [1-3]	Oklahoma City	J. F. Burton	247	800	2	..	1	1	[2]	75
Allentown Hospitals [3]	Allentown, Pa.	K. M. Marcks	413	1,039	2	2	1	1	2	150
Graduate Hospital of the University of Pennsylvania [1-3]	Philadelphia	L. Curtis	190	184	..	..	1	1	2	...
Pittsburgh Medical Center [1, 83, 85]	Pittsburgh	S. M. Dupertuis	232	620	..	..	..	1	[2]	41.66
Baylor University Hospital [1-3]	Dallas, Texas	J. T. Mills	637	...	1	..	1	1	[2]	75
University of Texas Medical Branch Hospitals [1-3, 59]	Galveston, Texas	T. G. Blocker	843	5,913	16	11	1	3	2	75
Jefferson Davis Hospital [1-3]	Houston, Texas	S. B. Hardy	289	1,620	14	3	1	2	[2]	50
University Hospitals State of Wisconsin General Hospital [1-3]	Madison, Wis.	W. Slaughter	436	...	6	3	1	3	[2]	50

Numerical and other references will be found on page 363.

21. PREVENTIVE MEDICINE AND PUBLIC HEALTH

The following programs have been approved by the Council and the American Board of Preventive Medicine.

Department of Health	Location	Director	Local Areas	Population	Stipend (Month)
State of California	San Francisco	W. L. Halverson	Alameda County [a,c]	169,696	$400 max.
			San Joaquin County	200,750	.....
State of Delaware	Dover	F. I. Hudson, Ex. Sec.	Kent and Newcastle Counties [b,c]	151,723 *	$400-500
State of Florida	Jacksonville	W. T. Sowder	Alachua County	60,230	$475-500
			Dade-Miami	556,340	.....
			Hillsborough-Tampa	269,020	.....
			Pinellas-St. Petersburg	172,270	.....
State of Illinois	Springfield	R. R. Cross	Cook County [c,i,d,e]	721,148	$416-500
			Will County [d,i]	134,490	.....
State of Maryland	Baltimore	R. H. Riley	Anne Arundel County	123,519 *	.....
			Baltimore County	284,579 *	.....
			Eastern Health District of Baltimore City	110,000 *	.....
			Montgomery County	174,462 *	.....
			Washington County	80,142	.....
State of Massachusetts	Boston	V. A. Getting	Barnstable County	48,805	$450
			Brookline	57,209	.....
			Cambridge	125,743	.....
			Connecticut Valley District [c,i]	324,658	.....
			Nashoba Associated Boards of Health	36,701	.....
			Newton	87,994	.....
			North Central District	331 078	.....
			Northeastern District	6 8 083	.....
			South Metropolitan District	320,454	.....
			Worcester	203 486	.....
State of Michigan	Lansing	A. E. Heustis	Calhoun County	120,833	$400
			Detroit	1,849 568	.....
			Kalamazoo City-County	136,707	.....
			Wayne County [c,i]	490,673	.....
State of Minnesota	Minneapolis	A. J. Chesley	Olmsted-Rochester	48,228	75% of what job will pay [g,j]
New York City	New York City	J. F. Mahoney	Fort Greene	221,918	$300
			Jamaica West	274,189	.....
			Red Hook	172,291	.....
			Tremont	204,691	.....
State of New York	Albany	H. E. Hilleboe	[h,i]	[h,i]	$425
State of North Carolina	Raleigh	J. W. R. Norton	Charlotte	134,042	$500 [i,j]
			Forsyth-Winston-Salem	146,135	.....
			Orange-Person-Chatham-Lee	107,710	.....
State of Virginia	Richmond	L. J. Roper	Arlington County	134,999	$687.50
State of Washington	Seattle	J. A. Kahl	Kitsap-Bremerton	73,398	$500-540
			King-Seattle	737,992	.....
			Clark-Skamania	81,836	.....

* Estimated.

(a) Excludes Alameda, Berkeley and Oakland cities with full time health officers, and Albany and Livermore with part-time officers.
(b) Excludes the city of Wilmington.
(c) Excludes Berwyn, Chicago, Evanston, Oak Park, Stickney Township, and Winnetka (including Glencoe, Kenilworth, Northbrook, and remainder of New Trier Township), all with full time health officers.
(d) Opportunity available to secure master's degree in public health.
(e) Excludes the city of Springfield.
(f) Excludes Detroit and Dearborn, each with full time health officers.
(g) To those training for service in Minnesota only.
(h) Training is given in any one of ten City Health Departments, 14 County Health Departments, or 15 District Offices within the State.
(i) To those planning to work in state; transportation costs only to others.

22. PROCTOLOGY

The following services are approved by the Council and the American Board of Proctology. Residencies in this specialty have been approved without specifying the number of years for which they are accredited. The Board will give appropriate credit for training in these hospitals on an individual basis.

Hospitals, 13; Assistant Residencies and Residencies, 19

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
VETERANS ADMINISTRATION		**FEDERAL**							
Veterans Admin. Hospital [1-3]	Los Angeles	C. M. Taylor	300	1,023	5	5	..	2	...
NONFEDERAL									
Mercy Hospital [1-3]	Chicago	C. L. Martin	297	559	6	2	1	1	25
Ferguson-Droste-Ferguson Rectal Clinic and Hospital	Grand Rapids, Mich.		...	...	..	..	..	..	...
University of Minnesota Hospitals	Minneapolis		...	...	..	..	..	..	...
Mayo Foundation [1-3]	Rochester, Minn.	L. A. Bule	...	...	..	..	1	5	150
Millard Fillmore Hospital [1-3]	Buffalo, N. Y.	H. C. Guess	549	...	8	5	1	1	150
Youngstown Hospital [1-3]	Youngstown, Ohio	P. J. Fuzy	481	93	19	9	1	1	125
Allentown Hospital [3]	Allentown, Pa.	M. S. Kleckner	617	115	4	1	1	1	150
Jefferson Medical College Hospital [3]	Philadelphia	T. A. Shallow	490	1,940	1	1	..	..	...
Temple University Hospital [1-3]	Philadelphia	H. E. Bacon	825	1,251	13	10	1	3	...
Pittsburgh Medical Center [1-3]	Pittsburgh	K. Zimmerman	480	461	..	..	..	1	41.66
Reading Hospital [1]	Reading, Pa.	F. G. Runyeon	558	284	10	4	1	1	125
Milwaukee County Hospital [1]	Milwaukee	A. G. Schutte	837	1,302	17	6	1	3	100.00

Numerical and other references will be found on page 363.

23. PSYCHIATRY

The following services are approved by the Council and the American Board of Psychiatry and Neurology.
Hospitals, 250; Assistant Residencies and Residencies, 2,855

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deathsvan Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Length of Assistant Program (Years)	Rotating Stipended (Months)
FEDERAL										
UNITED STATES ARMY										
Letterman Army Hospital	San Francisco	E. B. Litteral	2,697	3,745	1	1	..	..	3	...
Fitzsimons Army Hospital	Denver	O. M. Weaver	1,351	4,884	2	2	..	..	3	...
Army Medical Center [12]	Washington, D. C.	E. R. Inwood	1,639	2,904	2	2	6	18	3	...
UNITED STATES NAVY										
U. S. Naval Hospital [1]	Oakland, Calif.	J. F. McMullin	1,975	2,040	2	2	..	..	2	...
U. S. Naval Hospital	San Diego	T. W. M Daniel, Jr.	1,183	2,092	1	1	..	..	1	...
U. S. Naval Hospital [1]	Great Lakes, Ill.	F. H. Ocko	1,146	344	1	1	..	..	1	...
U. S. Naval Hospital [1-3]	Bethesda, Md.	E. L. Caveny	839	1,023	..	..	7	3	..	...
U. S. Naval Hospital [1]	Chelsea, Mass.	C. H. Barenstose	590	1,982	..	..	2	2	1	...
U. S. Naval Hospital [1]	St. Albans, N. Y.	M. Smith	709	1,003	..	..	..	..	1	...
U. S. Naval Hospital	Philadelphia	T. P. Rogers	1,735	5,722	23	7	..	..	2	...
U. S. Naval Hospital [1-3]	Portsmouth, Va.	J. N. Williams	2,292	1,959	..	..	4	4	1	...
UNITED STATES PUBLIC HEALTH SERVICE										
U. S. Public Health Service Hospital [1]	Lexington, Ky.	J. A. Grider, Jr. L. J. Zbranek	5,031	...	20	13	6	18	3	...
FEDERAL SECURITY AGENCY										
St. Elizabeth's Hospital [1-3]	Washington, D. C.	W. Overholser	8,490	...	424	346	8	24	3	...
VETERANS ADMINISTRATION										
Veterans Admin. Hospital [1]	Tuskegee, Ala.	P. P. Barker	2,302	27	89	19	2	2	2	...
Veterans Admin. Hospital [1-2]	No. Little Rock, Ark.	E. S. Chappell	3,017	...	16	12	8	8	3	...
Veterans Admin. Hospital [1-2]	Long Beach, Calif.	J. S. L. Jacobs	439	1,604	3	3	3	3	3	...
Veterans Admin. Hospital [1-2]	Los Angeles	J. Posin	2,091	...	203	153	12	32	3	...
Veterans Admin. Hospital [1-2]	Palo Alto, Calif.	J. J. Pruesnack	2,199	139	68	50	..	24	3	...
Veterans Admin. Hospital [1-2]	Newington, Conn.	T. P. Sohler	319	490	1	1	..	14	2	...
Veterans Admin. Hospital [1-2]	Augusta, Ga.	W. V. Walsh	1,348	1,209	42	27	2	4	2	...
Veterans Admin. Hospital [1-2]	Downey, Ill.	...	2,432	...	53	35	2	6	2	...
Veterans Admin. Hospital [1]	Hines, Ill.	F. G. Gerty	433	...	10	5	12	12	3	...
Veterans Admin. Hospital [1-2]	Topeka, Kan.	S. Rubin	2,087	...	18	14	29	59	3	...
Veterans Admin. Hospital [1]	Lexington, Ky.	E. W. Straus	2,313	...	51	27	4	4	3	...
Veterans Admin. Hospital [1-2,15]	Louisville	J. F. Moore	374	239	..	..	2	6	3	...
Veterans Admin. Hospital [1]	New Orleans	R. W. Buddington	496	222	5	2	1	2	3	...
Veterans Admin. Hospital [1]	Perry Point, Md.	E. P. Brannon	1,769	869	77	46	8	20	3	...
Veterans Admin. Hospital [1-2]	Bedford, Mass.	J. L. Hoffman	2,073	...	41	31	..	14	3	...
Veterans Admin. Hospital [1]	Boston (West Roxbury), Mass.	S. Tartakoff	472	204	27	14	..	2	1	...
Veterans Admin. Hospital [1-2]	Framingham, Mass.	W. Bloomberg	473	...	4	3	20	20	3	...
Veterans Admin. Hospital [1-2]	Dearborn, Mich.	J. L. Kulanek	631	502	36	17	..	6	3	...
Veterans Admin. Hospital [1-2]	Fort Custer, Mich.	A. L. Olsen	2,106	...	59	42	..	10	3	...
Veterans Admin. Hospital [1-2]	Minneapolis	W. Simon	1,202	3,370	..	..	7	7	3	...
Veterans Admin. Hospital [1-2]	Gulfport, Miss.	J. J. Blasko	1,077	...	34	28	3	5	3	...
Veterans Admin. Hospital [1-2]	Jefferson Barracks, Mo.	A. K. Baur	1,440	3,447	12	9	1	3	3	...
Veterans Admin. Hospital	Omaha, Neb.	...	...	...	...	...	..	..	3	...
Veterans Admin. Hospital [1-2]	Lyons, N. J.	P. Weitz	2,143	...	55	31	1	1	3	...
Veterans Admin. Hospital [1-2]	Brooklyn	J. Baras h	261	40	5	2	10	20	3	...
Veterans Admin. Hospital [1-2]	Buffalo	B. G. S hutteker	541	...	11	3	..	2	3	...
Veterans Admin. Hospital [1-2]	Canandaigua, N. Y.	E. M. Levy	1,936	45	48	34	3	6	3	...
Veterans Admin. Hospital [1-2]	Montrose, N. Y.	A. A. Schillinger	1,569	...	21	16	5	15	3	...
Veterans Admin. Hospital [1-2]	New York City	H. L. Flowers	993	5,244	10	7	10	28	3	...
Veterans Admin. Hospital [1-2]	Cleveland	L. Halle	319	...	4	...	6	12	3	...
Veterans Admin. Hospital [1-2]	Coatesville, Pa.	A. O. Hecker	...	...	..	..	..	19	3	...
Veterans Admin. Hospital	Nashville, Tenn.	B. T. Bennett	283	...	3	3	3	6	3	...
Veterans Admin. Hospital [1-2]	Houston, Texas	A. D. Pokorny	289	...	1	1	2	4	2	...
Veterans Admin. Hospital [1]	Waco, Texas	G. T. McMahan	3,131	...	..	..	4	4	1	...
Veterans Admin. Hospital [1-2]	Richmond, Va.	B. Nagler	685	...	2	1	1	3	2	...
Veterans Admin. Hospital [1]	Roanoke, Va.	H. P. Morgan	2,999	3,288	64	58	..	13	3	...
Veterans Admin. Hospital [1-2]	Seattle, Wash.	J. A. Buchmeier	277	...	3	3	4	10	3	...
NONFEDERAL										
Jefferson-Hillman Hospital [1-3]	Birmingham, Ala.	F. Kay	528	2,998	1	..	1	3	1	50
Arkansas State Hospital [1]	Little Rock, Ark.	W. Reese	3,316	432	317	68	..	12	2	350
Agnews State Hospital [1]	Agnew, Calif.	R. P. Quirnbach	6,439	289	466	77	4	4	1	281
Herrick Memorial Hospital [1-3]	Berkeley, Calif.	A. E. Bennett	955	2,084	3	2	1	3	2	100
Compton Sanitarium [1-3]	Compton, Calif.	G. C. Burns	459	1,500	5	2	4	4	1	250
Napa State Hospital [1]	Imola, Calif.	W. A. Oliver	5,939	...	399	73	2	2	1	281
Los Angeles County Hospital [1-3]	Los Angeles	M. G. Carter	8,272	...	374	83	..	2	3	173
Norwalk State Hospital [1-3]	Norwalk, Calif.	R. E. Wyers	3,949	...	169	46	2	2	1	281
Patton State Hospital [1]	Patton, Calif.	O. L. Gericke	2,474	107	339	137	1	1	1	281
Langley Porter Clinic Hospital [1-3,15]	San Francisco	K. M. Bowman	281	16,725	6	4	8	24	3	281
Mount Zion Hospital [1-3]	San Francisco	N. Reider	...	5,864	..	..	..	3	1	75
Stanford University Hospitals [1-3]	San Francisco	G. S. Johnson	314	5,110	3	1	1	3	3	50
Pacific Colony Hospital [1-3]	Spadra, Calif.	G. Tarjan	2,039	1,451	31	29	3	3	1	281
University of Colorado Medical Center Colorado Psychopathic Hospital [1-3]	Denver	F. G. Ebaugh	1,002	7,247	14	6	12	36	3	100
Colorado State Hospital [1-3]	Pueblo, Colo.	J. L. Rosenbloom	6,278	...	458	186	6	12	2	275
Institute of Living [1-3]	Hartford, Conn.	F. J. Braceland	1,082	...	7	..	..	3	3	275
Connecticut State Hospital [1-3]	Middletown, Conn.	H. S. Whiting	3,037	...	325	54	3	5	2	280
Silver Hill Foundation [1]	New Canaan, Conn.	W. B. Terhune	300	510	..	..	1	1	1	500
Grace-New Haven Community Hospital New Haven Unit (University Service) [1-3,27]	New Haven, Conn.	F. C. Redlich	125	2,645	..	..	2	13	3	49
Fairfield State Hospital [1]	Newtown, Conn.	J. E. Oltman	3,666	8	298	204	5	10	2	479
Norwich State Hospital [1-3]	Norwich, Conn.	M. C. Taylor	3,787	381	247	40	9	9	2	370
Delaware State Hospital [1-3,115]	Farnhurst, Del.	M. A. Tarumianz	1,339	4,597	91	18	3	6	2	200
Gallinger Municipal Hospital [1-3]	Washington, D. C.	G. Gordon	3,481	182	69	16	3	3	1	125
Georgetown University Hospital [1-3]	Washington, D. C.	G. N. Raines	17	2,076	..	..	..	8	2	25
George Washington University Hospital [1-3]	Washington, D. C.	W. Overholser	785	657	4	1	..	1	2	130

Numerical and other references will be found on page 353.

23. PSYCHIATRY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
Duval Medical Center [2]	Jacksonville, Fla.	S. G. Bedell	501	1,695	4	2	1	1	1	275
Tampa Municipal Hospital	Tampa, Fla.		...	...	..	..	..	..	1	...
University Hospital [1-3]	Augusta, Ga.	H. M. Clerkley	720	273	7	3	1	3	2	...
Chicago State Hospital [1-3]	Chicago	I. Spinka	6,808	1,035	778	137	6	12	3	230
Cook County Hospital [1-3]	Chicago	R. C. Hamill	8,330	...	164	3	5	5	3	140
Loretto Hospital [1-3]	Chicago	J. J. Madden	536	768	1	1	1	1	1	200
Mercy Hospital [1-3]	Chicago	J. J. Madden	377	2,816	3	1	1	1	1	25
Michael Reese Hospital [1-3]	Chicago	R. Grinker	444	9,012	2	..	5	13	3	25
St. Luke's Hospital [1-3]	Chicago	F. J. Gerty	324	144	2	1	1	1	1	50
University of Chicago Clinics [1-3]	Chicago	N. B. Apter	176	4,247	1	1	3	9	3	25
University of Illinois Neuropsychiatric Institute [51]	Chicago	F. J. Gerty	211	4,518	1	..	2	6	3	60
Wesley Memorial Hospital [1-3]	Chicago	P. S. Rhoads	485	...	3	2	1	1	1	50
Dixon State Hospital [1-3]	Dixon, Ill.	C. K. Bush	4,911	346	146	71	3	3	1	230
Elgin State Hospital [1-3]	Elgin, Ill.	A. Leichman	2,383	784	501	152	6	22	3	230
Kankakee State Hospital [1-3]	Kankakee, Ill.	G. Cowan	4,362	1,546	306	107	5	5	1	230
Manteno State Hospital [1-3]	Manteno, Ill.	M. Chermak	10,342	...	541	85	5	10	2	230
Peoria State Hospital [1-3]	Peoria, Ill.	H. B. Knowles	3,738	350	302	72	2	6	3	230
North Shore Health Resort [1-3]	Winnetka, Ill.	S. Liebman	476	875	8	7	..	2	1	...
Central State Hospital [1]	Indianapolis	M. A. Bahr	2,670	210	171	2	3	6	2	250
Indianapolis General Hospital [1]	Indianapolis	H. Gaskill	480	795	11	5	1	3	3	100
Indiana University Medical Center and Affiliated Hospitals [1]	Indianapolis	H. Gaskill	...	1,129	..	..	3	7	3	150
Norways Foundation [1-3]	Indianapolis	E. W. Merkle	656	1,512	8	2	2	6	2	250
Logansport State Hospital [1]	Logansport, Ind.	G. W. Morrow	3,094	536	228	45	15	30	1	300
Mental Health Institute [1-3]	Cherokee, Ia.	W. C. Brinegar	1,911	285	114	59	2	2	1	250-83
Iowa State Psychopathic Hospital [1-3]	Iowa City	W. R. Miller	402	...	2	..	4	12	3	150
Halstead Hospital [1-3]	Halstead, Kan.	T. L. Foster	423	2,235	3	1	1	2	2	...
University of Kansas Medical Center [1-3]	Kansas City, Kan.	W. Roth, Jr.	148	1,435	1	..	..	3	2	125
Menninger Sanitarium [1-3]	Topeka, Kan.	K. A. Menninger	165	25,718	..	..	13	39	3	300
Central State Hospital	Lakeland, Ky.		...	...	..	..	..	..	1	...
University of Louisville Services [56]										
Louisville General Hospital [1-3]	Louisville	S. S. Ackerly	754	1,983	5	5	..	..	3	200
Norton Memorial Infirmary [1-3]	Louisville	S. S. Ackerly	277	805	..	..	1	4	3	200
Charity Hospital of Louisiana Louisiana State University Unit [1-3]	New Orleans	R. A. Matthews	184	2,931	4	3	2	6	3	25
Tulane University Unit [1-3]	New Orleans	R. G. Heath	146	4,699	3	1	8	24	3	25
De Paul Sanitarium [1-3]	New Orleans	W. J. Otis	1,100	815	19	9	3	9	3	200
Johns Hopkins Hospital [1-3]	Baltimore	J. C. Whitehorn	254	4,783	2	2	..	16	3	....
Seton Institute [1-3]	Baltimore	W. O. Jahrreiss	691	100	14	..	4	10	2	125
Spring Grove State Hospital [1-3]	Catonsville, Md.	I. Tuerk	3,352	4,985	88	37	2	10	2	...
Chestnut Lodge Sanitarium [1-3]	Rockville, Md.	R. A. Cohen	120	4,500	7	2	..	6	1	250
Springfield State Hospital [1-3]	Sykesville, Md.	M. V. Beyer	3,745	...	150	38	2	4	2	385
Sheppard and Enoch Pratt Hospital [1-3]	Towson, Md.	H. M. Murdock	487	...	10	3	5	12	3	166
Beth Israel Hospital [1-3]	Boston	G. L. Bibring	...	1,353	..	..	..	6	1	200
Boston Psychopathic Hospital [1-3]	Boston	H. C. Solomon	982	8,610	8	1	5	14	3	235
Boston State Hospital [1-3]	Boston	J. V. Semrad	1,423	5,618	359	109	6	12	2	240
Massachusetts General Hospital [1-3]	Boston	S. Cobb	362	4,613	..	..	1	3	2	66.67
Massachusetts Memorial Hospitals [1-3]	Boston	W. Malamud	...	4,035	..	..	2	6	3	150
New England Center Hospital [1-3]	Boston	J. C. Nemiah	...	...	..	..	..	1	1	83.33
Foxborough State Hospital [1-3]	Foxborough, Mass.	J. T. Shea	1,580	580	179	49	2	2	2	225
Danvers State Hospital [1-3]	Hathorne, Mass.	C. A. Bonner	3,310	...	291	57	2	2	1	235
Medfield State Hospital [1]	Medfield, Mass.	T. F. Lindberg	1,644	...	113	45	2	2	1	200
Northampton State Hospital [1-3]	Northampton, Mass.	H. H. Michelson	3,156	230	279	58	2	2	1	230
Austen Riggs Foundation [1-3]	Stockbridge, Mass.	R. P. Knight	119	...	1	..	..	5	2	500
Taunton State Hospital [1-3]	Taunton, Mass.	B. F. Zawacki	2,929	...	269	60	9	9	2	225
Metropolitan State Hospital [1-3]	Waltham, Mass.	M. Aschoff								
		T. P. Krush	2,716	385	167	74	1	1	2	230
McLean Hospital [1-3]	Waverley, Mass.	P. M. Howard	498	...	20	3	2	6	2	...
Worcester City Hospital [1-3]	Worcester, Mass.	F. L. Vibber	682	1,353	..	..	1	1	1	100
University Hospital [1]	Ann Arbor, Mi h.	R. Margraner	545	11,154	4	4	5	19	3	291.69
St. Joseph's Retreat [1-3]	Dearborn, Mich.	M. H. Hoffmann	1,345	558	20	8	2	4	1	300
City of Detroit Receiving Hospital [1-3]	Detroit	W. Schmidt	5,917	1,213	114	51	1	9	3	233.25
Henry Ford Hospital [1-3]	Detroit	T. J. Heldt	788	10,589	33	15	2	4	2	225
Wayne County General Hospital and Infirmary [1-3]	Eloise, Mich.	R. Leiser	5,140	1,988	223	85	3	9	3	269.66
Kalamazoo State Hospital [1]	Kalamazoo, Mich.	C. M. Schrier	3,959	651	286	16	3	3	2	485
Pontiac State Hospital [1-3,65]	Pontiac, Mich.	P. V. Wadley	3,503	559	225	85	4	10	3	484
Traverse City State Hospital [1-3]	Traverse City, Mich.	R. P. Sheets	3,570	2,631	286	82	6	12	2	484
Ypsilanti State Hospital [1-3]	Ypsilanti, Mich.	O. R. Yoder	5,005	1,515	318	83	6	16	3	445
Hastings State Hospital	Hastings, Minn.		...	...	..	..	..	..	1	...
Minneapolis General Hospital [1-3]	Minneapolis	J. C. Michael	959	1,520	69	19	1	1	3	156
University of Minnesota Hospitals [1-3,66]	Minneapolis	D. W. Hastings	287	2,545	..	..	4	4	3	142.50
Mayo Foundation [1-3]	Rochester, Minn.	H. P. Rome	...	...	..	..	5	14	3	150
Rochester State Hospital	Rochester, Minn.	M. C. Petersen	2,637	...	136	76	..	5	1	85
State Hospital No. 1 [1-3]	Fulton, Mo.	W. J. Cremer	2,552	...	209	25	3	3	2	150
Kansas City General Hospital No. 1	Kansas City, Mo.	M. L. Bills	423	1,736	4	2	1	1	1	75
State Hospital Nos. 2 [1-3]	St. Joseph, Mo.	O. Mollinax	...	...	..	..	3	3	1	200
Barnes Hospital [1-3]	St. Louis	E. F. Gildea	551	3,091	2	..	3	13	3	25
Homer G. Phillips Hospital [1-3]	St. Louis	E. F. Gildea	877	2,402	49	7	4	10	2	132
St. Louis City Hospital [1-3]	St. Louis	E. Gildea								
		R. Britt	1,530	2,595	60	15	4	10	3	132.80
St. Louis State Hospital [1-3]	St. Louis	L. H. Kohler	3,701	945	192	84	6	14	3	250
St. Mary's Group of Hospitals [1-3]	St. Louis	F. M. Grogan	469	1,339	4	1	3	3	3	65
Hastings State Hospital [1-3]	Ingleside, Neb.	G. L. Sandritter	2,491	637	151	37	3	6	2	400
Norfolk State Hospital [1]	Norfolk, Neb.	G. E. Charlton								
		C. G. Ingham	1,494	...	95	11	3	3	1	400
Lutheran Hospital [1]	Omaha	R. S. Wigton	1,198	...	6	4	1	2	2	200
University of Nebraska Hospital [1-3]	Omaha	R. H. Young	178	1,130	..	..	7	13	3	200
New Hampshire State Hospital [1-3]	Concord, N. H.	J. L. Smallidon	3,969	1,388	331	43	2	2	1	255
Essex County Overbrook Hospital [1-3]	Cedar Grove, N. J.	J. G. Sutton	4,173	436	330	72	5	8	2	270
New Jersey State Hospital [1-3]	Trenton, N. J.	H. S. Magee	5,673	...	347	73	5	8	2	375
Albany Hospital [1-3]	Albany, N. Y.	W. L. Holt, Jr.	...	757	9	3	2	3	3	110
Binghamton State Hospital [1-3]	Binghamton, N. Y.	O. H. Boltz	3,381	942	241	86	..	6	2	374.40
Brooklyn State Hospital [1-3]	Brooklyn	C. H. Bellinger	4,098	2,080	403	50	4	11	3	...

Numerical and other references will be found on page 363.

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23. PSYCHIATRY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [a]	Total Residencies Offered [a]	Length of Program (Years)	Beginning Stipend (Months)
Kings County Hospital [1-3]	Brooklyn	H. Potter	9,784	17,722	390	43	10	30	3	140
Buffalo State Hospital [1-3]	Buffalo	C. Fletcher	2,752	253	302	54	2	2	3	337
Edward J. Meyer Memorial Hospital [1-3]	Buffalo	S. M. Small	1,941	1,347	51	18	2	3	2	170
Central Islip State Hospital [1-3]	Central Islip, N. Y.	F. J. O'Neill	10,108	2,965	734	188	13	13	3	374.41
Hillside Hospital [1-3]	Glen Oaks, N. Y.	J. S. A. Miller	177	...	...	...	6	12	3	300
Gowanda State Homeopathic Hospital [1-3]	Helmuth, N. Y.	R. V. Foster	3,092	3,717	278	61	6	12	2	375
Pinewood Sanitarium [1-3]	Katonah, N. Y.	L. Wender	357	...	2	...	1	1	1	300
Kings Park State Hospital [1-3]	Kings Park, N. Y.	A. E. Soper	11,257	5,178	614	137	14	14	2	394.58
River Crest Sanitarium	Long Island City, N. Y.	J. C. Kindred	750	...	22	4	...	1	1	250
Marcy State Hospital [1-3]	Marcy, N. Y.	G. L. Warner	2,790	1,222	254	22	3	5	2	374.40
Middletown State Homeopathic Hospital [1-3]	Middletown, N. Y.	W. A. Schmitz	3,838	1,290	263	47	6	6	2	374.40
Bellevue Hospital Center Division III—New York University College of Medicine [1-3]	New York City	L. J. Sharp	19,148	21,098	661	162	22	65	3	80
Manhattan State Hospital [1-3]	New York City	H. Travis	5,039	1,256	573	145	13	13	2	375
Mount Sinai Hospital [1-3]	New York City	M. R. Kaufman	127	7,097	...	...	2	2	2	50
New York Hospital [1-3]	New York City	O. Diethelm	286	6,345	1	...	5	13	3	50
New York State Psychiatric Institute [1-3]	New York City	N. D. C. Lewis	413	1,028	3	2	9	22	3	374.50
New York University-Bellevue Medical Center (see also Bellevue Hospital Center, Division III) University Hospital [1-3]	New York City	S. B. Wortis	21	3,986	1	...	2	2	1	80
St. Lawrence State Hospital [1-3]	Ogdensburg, N. Y.	R. C. Hunt	2,093	273	120	44	6	6	2	399.67
Rockland State Hospital [1-3]	Orangeburg, N. Y.	A. M. Stanley	8,620	4,463	417	117	4	23	3	374.40
Stony Lodge Sanitarium [1-3]	Ossining, N. Y.	B. C. Glueck, Jr.	90	3,000	...	...	...	2	2	300
Hudson River State Hospital [1-3]	Poughkeepsie, N. Y.	O. A. Kilpatrick	5,906	857	419	85	5	8	2	374.41
Creedmoor State Hospital [1-3]	Queens Village, N. Y.	H. A. LaBurt	6,122	3,037	380	55	9	9	3	374.41
Rochester State Hospital [1-3]	Rochester, N. Y.	C. E. Terrance	4,415	4,870	427	53	3	7	3	394
Strong Memorial-Rochester Municipal Hospitals [1-3]	Rochester, N. Y.	J. Romano	945	7,686	1	1	4	12	3	...
Syracuse Psychopathic Hospital [1-3]	Syracuse, N. Y.	N. Beckenstein	574	1,375	10	4	2	6	2	374
Letchworth Village [1-3]	Thiells, N. Y.	H. C. Storrs	3,831	...	72	26	2	2	1	374
Utica State Hospital [1-3]	Utica, N. Y.	B. B. Young	2,698	2,340	246	39	...	4	2	374.40
Grasslands Hospital [1-3]	Valhalla, N. Y.	V. V. Rockwell	1,156	1,588	20	14	4	7	2	367.50
Pilgrim State Hospital [1-3]	West Brentwood, N. Y.	H. J. Worthing	12,767	1,528	1,167	294	8	13	3	...
New York Hospital-Westchester Division	White Plains, N. Y.	J. H. Wall	736	...	18	...	4	4	3	125
Willard State Hospital [1-3]	Willard, N. Y.	K. Kell	4,217	960	265	55	4	8	2	396
Harlem Valley State Hospital [1-3]	Wingdale, N. Y.	L. P. O'Donnell	5,660	1,302	273	94	...	8	2	374.40
Duke Hospital [1-3]	Durham, N. C.	M. H. Greenhill	365	2,649	...	...	2	18	3	...
State Hospital [1-3]	Raleigh, N. C.	D. A. Young	3,332	...	112	37	4	8	2	300
North Carolina Baptist Hospital [1]	Winston-Salem, N. C.	L. J. Thompson	351	992	...	...	2	6	3	125
Windsor Hospital [1-3]	Chagrin Falls, Ohio	J. H. Nichols	637	...	7	...	1	1	1	300
Christ Hospital [1]	Cincinnati	H. D. Fabing	499	...	8	5	...	1	1	200
Cincinnati General Hospital [1-3,10]	Cincinnati	M. Levine	1,187	8,731	16	12	16	25	3	...
Longview State Hospital [1-3]	Cincinnati	D. Goldman	3,231	2,000	292	87	3	6	1	275
Cleveland Clinic Hospital [1-3]	Cleveland	L. J. Karnosh	...	...	...	...	1	2	2	150
Cleveland State Hospital [1]	Cleveland	M. B. Gordon	2,850	300	180	...	2	2	1	...
Cleveland State Receiving Hospital [1-3]	Cleveland	F. E. Merritt	1,698	...	31	16	2	6	2	252
University Hospital [1-3]	Cleveland	D. D. Bond	134	3,484	1	...	...	3	2	25
Columbus State Hospital [1-3]	Columbus, Ohio	B. Kovitz	3,162	1,500	195	120	4	12	2	...
Massillon State Hospital [1]	Massillon, Ohio	A. G. Hyde	3,195	862	204	46	2	2	1	175
Harding Sanitarium [1]	Worthington, Ohio	H. S. Evans	608	4,755	9	2	2	4	2	300
Central State Hospital [1]	Norman, Okla.	C. A. Smith	3,204	150	302	1	3	3	1	300
Oregon State Hospital [1-3]	Salem, Ore.	D. K. Brooks	5,008	...	340	136	...	4	1	551
Allentown State Hospital	Allentown, Pa.	R. W. Gosborn	2,927	280	150	16	2	2	1	...
Danville State Hospital [1]	Danville, Pa.	V. J. Cassone	2,996	1,376	196	29	5	10	2	226
Harrisburg State Hospital [1-3]	Harrisburg, Pa.	H. K. Perry	2,186	807	162	56	4	8	3	366.50
Norristown State Hospital [1-3]	Norristown, Pa.	A. P. Noyes	5,460	...	506	97	20	20	2	406
Friends Hospital [1-3]	Philadelphia	T. L. Dehne	375	1,116	16	6	3	6	2	250
Hospital of the University of Pennsylvania [1-3]	Philadelphia	K. Appel	...	9,878	...	...	...	8	2	...
Institute of the Pennsylvania Hospital [1-3]	Philadelphia	L. H. Smith	286	4,203	2	...	...	5	2	166.66
Jefferson Medical College Hospital [1]	Philadelphia	R. L. Keyes	40	1,238	...	...	...	...	1	...
Mount Sinai Hospital [1-3]	Philadelphia	P. Sloane	60	112	...	...	1	1	1	100
Pennsylvania Hospital, Department for Mental and Nervous Diseases [1-3]	Philadelphia	L. H. Smith	541	...	11	...	2	7	2	166.66
Philadelphia General Hospital [1-3]	Philadelphia	J. F. Schaffer	1,540	6,362	125	25	2	6	3	112
Philadelphia Psychiatric Hospital [1-3]	Philadelphia	N. W. Winkelman	490	1,553	...	2	2	3	2	100
Philadelphia State Hospital [1]	Philadelphia	G. E. Pentick	6,739	721	289	66	6	12	2	368.50
Temple University Hospital [1-3]	Philadelphia	O. S. English	136	5,588	...	...	2	6	3	...
St. Francis Hospital [1]	Pittsburgh	H. L. Mitchell	4,054	464	92	45	1	3	2	150
Western Psychiatric Institute and Clinic [1-3]	Pittsburgh	H. W. Brosin	287	3,434	4	4	12	23	3	...
Warren State Hospital [1]	Warren, Pa.	J. Urbaitis	3,800	366	250	12	6	16	2	200
Woodville State Hospital [1]	Woodville, Pa.	R. J. Phifer	3,052	...	249	10	4	4	1	293.50
State Hospital for Mental Diseases [1-3]	Howard, R. I.	J. F. Regan	4,736	570	346	88	8	14	2	373.32
Butler Hospital [1-3]	Providence, R. I.	H. Rubenow	312	1,433	16	5	2	7	2	...
Charles V. Chapin Hospital [1]	Providence, R. I.	W. N. Hughes	872	514	9	2	2	2	1	417.75
Gailor Memorial Psychiatric Hospital [1-3]	Memphis	T. S. Hill	323	6,746	1	1	2	4	3	200
Vanderbilt University Hospital [1-3]	Nashville, Tenn.	W. F. Orr	130	1,628	...	...	...	...	3	50
Beverly Hills Clinic and Sanitarium [1-3]	Dallas, Texas	A. J. Schwenkenberg	1,247	2,000	17	3	1	1	1	500
Parkland Hospital [1-3]	Dallas, Texas	G. Witt	398	741	3	2	1	3	3	50
Timberlawn Sanitarium	Dallas, Texas	P. C. Talkington	545	...	1	...	3	6	2	200
University of Texas Medical Branch Hospitals [1-3,10]	Galveston, Texas	T. H. Harris	2,193	4,445	21	10	7	21	3	200
Salt Lake County General Hospital [1-3]	Salt Lake City	C. H. H. Branch	421	3,236	2	2	4	5	2	100
Vermont State Hospital [1-3]	Waterbury, Vt.	R. A. Chittick	1,788	...	116	24	2	4	2	300
University of Virginia Hospital [1-3]	Charlottesville, Va.	D. C. Wilson	517	1,053	3	2	4	9	3	50
Medical College of Virginia Hosp. Division [1-3]	Richmond, Va.	R. F. Gayle	703	3,414	7	3	1	6	3	50
Eastern State Hospital [1]	Williamsburg, Va.	G. L. Jones	2,718	...	195	57	...	4	2	50
Western State Hospital [1-3]	Fort Steilacoom, Wash.	H. H. Dutton	3,946	...	383	143	...	7	2	466
Eastern State Hospital [1-3]	Medical Lake, Wash.	R. H. Southcombe	2,895	805	212	8	4	8	2	400
Pixel Foundation [1]	Seattle, Wash.	I. A. Marshall	109	...	...	...	...	2	1	400
University Hospitals State of Wisconsin General Hospital [1-3]	Madison, Wis.	W. J. Bleckwenn	1,150	2,034	14	11	2	6	3	50
Milwaukee County Hospital for Mental Diseases [1]	Milwaukee, Wis.	M. Kasak	1,876	334	27	13	3	9	2	100
Milwaukee Sanitarium [1-3]	Wauwatosa, Wis.	J. A. Kindwall	652	...	11	8	...	2	1	...
Queen's Hospital [1]	Honolulu, T. H.	J. Lynn	664	91	1	1	1	2	2	...
Territorial Hospital [1-3]	Kaneohe, T. H.	M. Guentsberg	1,958	579	69	25	4	4	2	67.5

Numerical and other references will be found on page 363.

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24. PULMONARY DISEASES

The following services have been approved by the Council and the Subspecialty Board for Pulmonary Diseases of the American Board of Internal Medicine.

Hospitals, 112; Assistant Residencies and Residencies, 372

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [a]	Total Residencies Offered [a]	Beginning Stipend (Monthly)
FEDERAL									
UNITED STATES ARMY									
Fitzsimons Army Hospital	Denver	C. W. Tempel	2,737	1,520	41	22	..	..	...
FEDERAL SECURITY AGENCY									
Freedmen's Hospital [1-3]	Washington, D. C.	H. M. Payne	142	6,148	34	3	1	3	...
VETERANS ADMINISTRATION									
Veterans Admin. Hospital [1-3]	Long Beach, Calif.	J. D. Davis	1,328	4,500	59	43	..	2	...
Veterans Admin. Hospital [1-3]	Rutland Heights, Mass.	S. T. Allison	1,207	322	69	34	1	1	...
Veterans Admin. Hospital [2]	Minneapolis, Minn.	W. B. Tucker	750	385	44	28	2	2	...
Veterans Admin. Hospital [1-3]	Excelsior Springs, Mo.	R. K. Smith	450	134	16	10	3	3	...
Veterans Admin. Hospital [1]	Albuquerque, N. M.	C. C. Herbert	700	...	18	15	..	6	...
Veterans Admin. Hospital [1-3]	Castle Point, N. Y.	C. J. Kaufman	1,004	344	58	39	4	4	...
Veterans Admin. Hospital [1-3]	Sanmount, N. Y.	N. D. D'Esopo	709	134	30	15	2	4	...
Veterans Admin. Hospital [1-3]	Otisen, N. C.	W. S. Schwartz	2,469	478	78	49	..	6	...
Veterans Admin. Hospital [1-3]	Brecksville, Ohio	G. W. Hobson	627	...	40	15	3	3	...
Veterans Admin. Hospital [2]	Memphis, Tenn.	S. Phillips	356	561	12	8	3	3	...
Veterans Admin. Hospital [1-3,10]	Houston, Texas	D. E. Jenkins	422	...	12	12	..	2	...
Veterans Admin. Hospital [1-3]	McKinney, Texas	D. O. Shields	734	2,280	17	11	1	1	...
Veterans Admin. Hospital [1]	Richmond, Va.	J. P. Williams	425	...	28	14	..	2	...
Veterans Admin. Hospital	Madison, Wis.		...	...	...	...	..	..	...
Veterans Admin. Hospital [1-3]	Milwaukee, Wis.	R. A. Hemphill	870	623	32	26	1	1	...
NONFEDERAL									
Los Angeles Sanatorium [1-3]	Duarte, Calif.	A. E. T. Rogers	457	...	17	11	2	2	300
Arroyo Del Valle Sanatorium [1-3]	Livermore, Calif.	J. T. Duncan	561	1,479	11	3	1	1	200
Barlow Sanatorium [1]	Los Angeles	H. W. Bosworth	224	1,100	1	..	2	2	100
Bret Harte Sanatorium [1]	Murphys, Calif.	C. N. Reese	671	8,500	40	15	2	2	120
San Diego County General Hospital [1-3]	San Diego	R. H. Sandberg	308	2,169	34	10	1	3	125
San Francisco Hospital [1-3]	San Francisco	S. M. Farber							
		H. C. Hinshaw	805		107	29	2	4	175
Santa Clara County Hospital [1-3]	San Jose, Calif.	R. M. Manson	300	11,451	39	..	1	3	425
Fairmont Hospital of Alameda County [1-3]	San Leandro, Calif.	J. L. Eaton	560	2,305	44	14	1	1	170
Tulare-Kings Counties Joint Tuberculosis Hospital [1]	Springville, Calif.	W. A. Winn	401	2,251	11	7	3	3	500
National Jewish Hospital [1-3]	Denver	S. H. Dressler	542	395	18	13	3	3	200
Norwich State Tuberculosis Hospital [1]	Norwich, Conn.	G. C. Wilson	794	1,472	39	13	2	2	370
Laurel Heights State Tuberculosis Sanatorium	Shelton, Conn.	E. J. Lynch	525	2,561	32	12	2	2	...
Tuberculosis Sanatorium [1-3]	(Glen Dale, Md., P.O.) Washington, D. C.	D. L. Finucane	1,094	...	84	44	..	5	200
City of Chicago Municipal Tuberculosis Sanitarium [1-3]	Chicago	M. R. Lichtenstein	2,240	147,644	153	77	6	6	175
Peoria Municipal Tuberculosis Sanatorium [1]	Peoria, Ill.	D. Morse	183	1,583	11	5	1	1	250
Rockford Municipal Tuberculosis Sanatorium	Rockford, Ill.	W. J. Bryan	286	4,474	21	6	1	1	350
Lake County Tuberculosis Sanatorium [1-3]	Waukegan, Ill.	C. K. Petter	323	6,900	32	17	1	3	200
Roehne Tuberculosis Hospital [1]	Evansville, Ind.	P. D. Crimm	300	701	30	30	1	1	...
Indianapolis General Hospital [1]	Indianapolis	J. H. Stygall	193	2,534	25	2	1	1	150
Sunnyside Sanatorium [1]	Indianapolis	F. I. Jennings	393	1,678	47	29	1	1	...
Healthwin Hospital [1]	South Bend, Ind.	F. W. Custer	328	2,185	16	2	2	2	300
State Sanatorium [1-3]	Oakdale, Ia.	W. M. Spear	745	3,209	40	12	..	2	100
Charity Hospital of Louisiana Louisiana State University Unit [1-3]	New Orleans	E. Hull	380	6,380	70	14	1	3	100
Tulane University Unit [1-3]	New Orleans	G. E. Burch	367	5,458	65	19	1	3	100
Central Maine Sanatorium	Fairfield, Maine								
Western Maine Sanatorium [1-3]	Greenwood Mt., Maine	L. Adams	240	780	17	7	1	1	...
Baltimore City Hospitals [1-3]	Baltimore	H. V. Langelüttig	569	...	60	25	3	4	85
Boston Sanatorium [1-3]	Boston	J. A. Foley	993	...	73	21	..	4	220
Fall River General Hospital [1-3]	Fall River, Mass.		203	203	17	6	1	1	108.33
Middlesex County Sanatorium [1-3]	Waltham, Mass.	F. P. Dawson	927	23,117	44	27	1	2	435
Westfield State Sanatorium [1-3]	Westfield, Mass.	J. M. Houser	252	4,641	13	3	3	3	430
Belmont Hospital [1-3]	Worcester, Mass.	O. Feinsilver	147	5,839	22	11	3	3	215
American Legion Hospital [1]	Battle Creek, Mich.	E. H. Roberts	496	439	28	..	1	1	...
Henry Ford Hospital [1-3]	Detroit	R. E. Goodrich	174	...	17	...	..	..	225
Herman Kiefer Hospital [1-3]	Detroit	P. T. Chapman	1,928	61,304	176	94	12	13	418
Michigan State Sanatorium [1]	Howell, Mich.	W. F. Fidler	742	2,544	24	..	4	4	711
Ingham Sanatorium	Lansing, Mich.	C. J. Stringer	257	34,418	20	6	1	2	400
Morgan Heights Sanatorium [1-3]	Marquette, Mich.	J. R. Acocks	188	7,230	7	2	1	1	400
Wm. H. Maybury Sanatorium [1]	Northville, Mich.	W. L. Howard	1,614	...	145	57	3	3	424.83
Oakland County Tuberculosis Sanatorium	Pontiac, Mich.	C. P. Mehas	549	3,108	35	9	4	4	350
Nopeming Sanatorium [1]	Nopeming, Minn.	G. A. Hedberg	577	6,351	32	24	..	..	...
Glen Lake Sanatorium [1-3]	Oak Terrace, Minn.	R. H. Frost	967	33,767	54	34	3	6	205
Mississippi State Tuberculosis Sanatorium [1-3]	Sanatorium, Miss.	H. Boswell	840	7,209	30	4	3	3	150
Robert Koch Hospital [1-3]	Koch, Mo.	G. D. Kettelkamp	1,140	...	83	9	1	1	207.80
St. Mary's Group of Hospitals [1-3]	St. Louis	P. Murphy	321	2,471	30	14	1	1	65
New Jersey Sanatorium for Tuberculous Diseases [1]	Glen Gardner, N. J.	J. A. Smith	529	2,859	8	3	..	8	415
Berthold S. Pollak Hospital for Chest Diseases [1-3]	Jersey City, N. J.	B. P. Potter							
		S. Cohen	1,276	5,127	142	40	4	4	100
Bergen Pines, Bergen County Hospital [1-3]	Paramus, N. J.	R. R. Little	313	12,997	62	17	3	3	
Essex County Sanatorium [1-3]	Verona, N. J.	A. M. Hicks	736	...	90	37	3	5	308.33
Albany Hospital [1-3]	Albany, N. Y.	R. J. Erickson	249	1,619	39	18	1	1	110
Montefiore Hospital Country Sanatorium [1-3]	Bedford Hills, N. Y.	R. G. Bloch	471	...	...	...	4	4	100
Kings County Hospital [1-3]	Brooklyn	C. E. Hamilton							
		P. H. Long	...	3,773	..	..	5	10	140
Kingston Avenue Hospital [1-3]	Brooklyn	I. Kaufman	480	...	45	12	4	4	140
Edward J. Meyer Memorial Hospital [1-3]	Buffalo	H. G. Dayman	649	1,071	91	43	..	1	170
Nassau County Tuberculosis Hospital [1-3]	Farmingdale, N. Y.	J. G. Carlton	484	...	50	21	5	5	150
Hermann M. Biggs Memorial Hospital [1-3]	Ithaca, N. Y.	N. S. Lincoln	470	8,096	22	5	1	3	200
Triboro Hospital [1-3]	Jamaica, N. Y.	R. H. Bennett	1,000	9,000	123	37	12	12	140
Niagara Sanatorium [1-3]	Lockport, N. Y.	A. N. Aitken	313	5,263	25	16	2	3	284.60
Mount Morris Tuberculosis Hospital	Mount Morris, N. Y.								
Bellevue Hospital Center Division 1—Columbia University [1-3]	New York City	J. B. Amberson	2,782	12,382	214	51	18	19	90

Numerical and other references will be found on page 363.

24. PULMONARY DISEASES—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
Lenox Hill Hospital [1-3]	New York City	G. Thorburn	79	930	2	1	1	1	50
Manhattan General Hospital	New York City	J. S. Edlin	819	...	55	18	4	16	150
Metropolitan Hospital [1-3]	New York City	G. Ornstein	741	10,154	138	16	5	5	140
Montefiore Hospital [1-3]	New York City	R. Bloch	392	2,142	17	11	5	6	69
Morrisania City Hospital [1-3]	New York City	E. H. Rubin	...	4,584	..	..	1	1	80
New York City Hospital	New York City		...	...	..	..	..	..	...
St. Joseph's Hospital for Chest Diseases [3]	New York City	J. F. McCarthy	659	...	34	11	3	4	175
Seton Hospital [1-3]	New York City	E. H. Rubin	819	911	77	32	9	9	140
Willard Parker Hospital [1-3]	New York City	H. Alexander	574	...	18	7	2	2	69
Homer Folks Tuberculosis Hospital [1-3]	Oneonta, N. Y.	R. Horton	499	7,340	26	7	2	3	400
Municipal Sanatorium [1-3]	Otisville, N. Y.	J. S. Edlin	782	...	..	..	7	7	160
Ray Brook State Tuberculosis Hospital [1-3]	Ray Brook, N. Y.	F. Beck	622	5,471	25	12	3	3	350
Iola-Monroe County Tuberculosis Sanatorium [1-3]	Rochester, N. Y.	J. M. MacMillan	664	18,466	62	36	..	7	368.33
Schenectady County Tuberculosis Hospital [1-3]	S henectady, N. Y.	J. M. Blake	236	3,469	14	4	2	2	233
Sea View Hospital [1-3]	Staten Island, N. Y.	G. G. Ornstein	3,504	513	310	72	20	20	140
Trudeau Sanatorium [1-3]	Trudeau, N. Y.	G. M. Meade	236	...	4	3	3	3	100
Grasslands Hospital [1-3]	Valhalla, N. Y.	W. G. Chikiress	568	3,230	41	26	3	7	367.50
Duke Hospital [1-2]	Durham, N. C.	E. E. Menefee	306	698	8	..	1	1	...
North Carolina Sanatorium for the Treatment of Tuberculosis [1-3]	McCain, N. C.	J. S. Hiatt, Jr.	1,106	2,440	40	11	2	2	50
City Hospital [1-3]	Cleveland	R. C. McKay	957	...	101	38	..	2	205
Benjamin Franklin Hospital [1]	Columbus, Ohio	H. I. Humphrey	598	17,931	61	25	2	4	300
University Hospitals Ohio Tuberculosis Hospital	Columbus, Ohio		...	...	..	..	..	..	...
Sunny Acres, Cuyahoga County Tuberculosis Hospital [1-3]	Warrensville, Ohio	R. C. McKay H. G. Curtis	773	93,996	36	16	2	6	385
Mahoning Tuberculosis Sanatorium [1-3]	Youngstown, Ohio	H. H. Teitelbaum	338	2,780	25	12	3	3	250
Eagleville Sanatorium [1]	Eagleville, Pa.	J. I. Hershey	3.6	8,486	13	..	1	2	150
Pennsylvania State Sanatorium for Tuberculosis, No. 3	Hamburg, Pa.	A. R. Judd C. L. Brown	1,995	283	100	39	..	2	354
Jefferson Medical College Hospital [3]	Philadelphia		989	...	10	3	..	..	...
Philadelphia General Hospital [1-3]	Philadelphia	W. Weiss	583	...	164	62	2	2	112
Tuberculosis League Hospital [1-3]	Pittsburgh	C. H. Marey	310	14,179	12	4	1	2	200
Oakville Memorial Sanatorium [1-3]	Oakville, Tenn.	S. C. Carter	548	135,068	73	29	1	2	200
Woodlawn Hospital [1-3]	Dallas, Texas	F. Mendenhall	195	...	24	14	1	1	50
Firland Sanatorium [1-2]	Seattle, Wash.	R. Davies	1,919	3,232	83	42	3	3	169
Muirdale Sanatorium [1]	Milwaukee	A. V. Cadden	1,112	1,056	71	16	1	1	240.60
Wisconsin State Sanatorium [1]	Statesan, Wis.	E. F. White	276	...	7	4	1	1	208
Leahi Hospital [1-3]	Honolulu, T. H.	H. H. Walker	975	2,681	43	16	3	3	278

25. RADIOLOGY

The following services are approved by the Council and the American Board of Radiology. As indicated in the column "Type of Training" approval has been extended in diagnostic roentgenology (D.R.); roentgenology (Roent.), including diagnostic and therapeutic; therapeutic radiology (Ther. Rad.), and radiology (Rad.), including roentgenology and therapeutic radiology.

Hospitals, 394; Assistant Residencies and Residencies, 1,213

Name of Hospital	Location	Chief of Service	Type of Training	Number of X-Ray Examinations	Number of Deep X-Ray Treatments	Number of Superficial X-Ray Treatments	Number of Radium Treatments	First Year Residencies Offered *	Total Residencies Offered *	Length of Program (Years)	Beginning Stipend (Month)
FEDERAL											
UNITED STATES ARMY											
Letterman Army Hospital	San Francisco, Calif.	E. A. Lodmell	Rad.	45,215	3,299	256	44	..	..	3	...
Fitzsimons Army Hospital	Denver, Colo.	F. Y. Leaver	Roent.	66,185	2,985	810	56	..	..	3	...
Army Medical Center [4]	Washington, D. C.	H. I. Amory R. J. Healy	Rad.	69,110	8,495	2,288	230	3	9	3	...
Brooke Army Medical Center [3,101]	San Antonio, Texas	C. A. Gray J. A. Isherwood	D.R.	78,008	4,910	81	134	..	..	3	...
Tripler Army Hospital	Honolulu, T. H.	J. G. Wood	Roent.	75,009	893	295	21	..	..	3	...
UNITED STATES NAVY											
U. S. Naval Hospital [1]	Oakland, Calif.	J. G. Bulerin	Roent.	40,812	2,232	119	11	..	..	2	...
U. S. Naval Hospital	San Diego, Calif.	R. C. Douthat	Rad.	78,374	2,389	647	94	..	..	3	...
U. S. Naval Hospital [1]	Great Lakes, Ill.	C. D. Burroughs	D.R.	35,239	959	511	8	..	..	1	...
U. S. Naval Hospital [1-3]	Bethesda, Md.	H. W. Mason	Roent.	55,575	2,619	10	9	..	2	2	...
U. S. Naval Hospital [1]	Chelsea, Mass.	E. C. Aulls	Roent.	12,004	241	394	11	1	2	2	...
U. S. Naval Hospital [1]	St. Albans, N. Y.	S. F. Williams	Roent.	32,826	1,879	98	40	..	..	3	...
U. S. Naval Hospital	Philadelphia	C. Gartenlaub	Roent.	38,354	3,341	13	14	..	..	2	...
UNITED STATES PUBLIC HEALTH SERVICE											
U. S. Public Health Service Hospital [1]	New Orleans, La.	A. Mayoral	D.R.	17,402	.....	67	..	1	3	2	...
U. S. Public Health Service Hospital [1]	Baltimore, Md.	E. S. Reid	Rad.	16,023	3,868	739	61	1	3	2	...
U. S. Public Health Service Hospital [1-3]	Staten Island, N. Y.	W. M. Schmitt	Roent.	24,530	1,080	206	12	1	4	2	...
FEDERAL SECURITY AGENCY											
Freedmen's Hospital [1-3]	Washington, D. C.	C. W. Kelley	Rad.	10,822	126	322	28	..	3	3	...
VETERANS ADMINISTRATION											
Veterans Admin. Hospital [1]	Tuskegee, Ala.	J. J. Peters	D.R.	10,477	...	...	...	2	2	3	...
Veterans Admin. Hospital [1-3]	Long Beach, Calif.	F. Isaac	Roent.	50,019	2,565	1,706	115	6	6	2	...
Veterans Admin. Hospital [1-3]	Los Angeles	C. W. McClanahan	Rad.	75,087	10,629	3,645	56	3	8	3	...
Veterans Admin. Hospital [1]	San Francisco	W. W. Saunders	Roent.	16,248	2,336	124	37	1	3	2	...
Veterans Admin. Hospital [1-3]	Denver, Colo.	C. F. Inserstoll	D.R.	7,642	2,126	409	...	2	7	1	...
Veterans Admin. Hospital [1-3]	Newington, Conn.	A. B. Skorneck	D.R.	14,906	...	...	...	..	3	2	...
Veterans Admin. Hospital [1-3]	Washington, D. C.	S. R. Bersack	Roent.	11,598	1,667	414	6	1	3	2	...
Veterans Admin. Hospital [1]	Chamblee, Ga.	I. R. Berger	Roent.	23,766	7,293	835	207	1	3	2	...
Veterans Admin. Hospital [1]	Hines, Ill.	F. L. Hussey	Rad.	68,788	16,849	1,090	153	10	10	3	...
Veterans Admin. Hospital [1-3]	Indianapolis, Ind.	M. M. Manalan	Roent.	13,719	2,348	261	6	5	15	2	...
Veterans Admin. Hospital [1]	Des Moines, Ia.	P. J. Trier	Roent.	31,569	2,099	201	13	..	3	2	...
Veterans Admin. Hospital [1-3]	Wadsworth, Kan.	A. Wolkin	Roent.	31,777	3,039	228	11	2	6	2	...

Numerical and other references will be found on page 383.

25. RADIOLOGY—Continued

Name of Hospital	Location	Chief of Service	Type of Training	Number of X-Ray Examinations	Number of Deep X-Ray Treatments	Number of Superficial X-Ray Treatments	Number of Radium Treatments	First Year Residencies Offered *	Total Residencies Offered *	Length of Training (Years)	Beginning Stipend (Month)
Veterans Admin. Hospital [1-3]	Louisville, Ky.	(See University of Louisville Hospitals)									
Veterans Admin. Hospital [1]	New Orleans, La.	C. P. Oderr	D.R.	19,313	2,358	464	2	2	4	2	...
Veterans Admin. Hospital [1-3]	Fort Howard, Md.	J. T. Brackin, Jr.	D.R.	10,636	1,555	69	...	1	2	1	...
Veterans Admin. Hospital [1]	Boston (W. Roxbury)	E. Wissing	Roent.	17,037	3,902	239	8	1	2	2	...
Veterans Admin. Hospital [1-3]	Framingham, Mass.	D. Kornblum	D.R.	3,525		39		3	3	1	...
Veterans Admin. Hospital [1-3]	Dearborn, Mich.	E. E. Levine	Roent.	27,638	3,397	236	13	..	6	2	...
Veterans Admin. Hospital [1-3]	Minneapolis	B. J. O'Loughlin	Roent.	42,611	4,041	646	21	8	8	3	...
Veterans Admin. Hospital [1]	Jefferson Bks., Mo.	S. Kamberg	Roent.	21,287	4,638	404	26	2	6	1	...
Veterans Admin. Hospital [1-3]	Brooklyn, N. Y.	W. Schlein	Rad.	25,611	2,780	155	3	1	3	2	...
Veterans Admin. Hospital [1-3]	Buffalo, N. Y.	C. A. Privitera	D.R.	23,577	1,472	58	...	..	1	1	...
Veterans Admin. Hospital [1-3]	New York City	H. G. Jacobson	Rad.	70,496	13,018	941	46	2	7	3	...
Veterans Admin. Hospital [1-3]	Cleveland	M. D. Sachs	Rad.	37,697	4,136	190	2	2	6	3	...
Veterans Admin. Hospital [1-3]	Dayton, Ohio	F. C. Barabl	D.R.	34,761	1,234	28	7	1	1	1	...
Veterans Admin. Hospital [1-3]	Oklahoma City	S. M. Glasser	D.R.	7,385		58	...	..	1	1	...
Veterans Admin. Hospital [1-3]	Portland, Ore.	K. C. Hardesty	Roent.	17,663	4,842	397	6	..	3	3	...
Veterans Admin. Hospital [1]	Aspinwall, Pa.	G. Alexander	Roent.	20,078	5,254	287	23	..	5	3	...
Veterans Admin. Hospital [1-3]	Columbia, S. C.	H. Potorky	D.R.	14,500	...	...	...	1	1	1	.
Veterans Admin. Hospital [1-3]	Memphis, Tenn.	W. H. Mendel	Rad.	59,727	3,918	265	53	2	6	2	...
Veterans Admin. Hospital [1-3]	Nashville, Tenn.	K. R. Deibert	Roent.	34,604	2,639	243	14	2	2	2	...
Veterans Admin. Hospital [1-3]	Dallas, Texas	J. J. Sazama, Jr.	Rad.	13,219	1,467	140	39	1	3	3	...
Veterans Admin. Hospital [1-3]	McKinney, Texas	B. K. Lovell	Rad.	27,535	5,146	448	114	2	3	2	...
Veterans Admin. Hospital	Salt Lake City, Utah.	(See University of Utah Affiliated Hospitals)									
Veterans Admin. Hospital [1]	White River Junction, Vt.	N. W. Loud	Roent.	13,403	1,041	65	2	1	2	2	...
Veterans Admin. Hospital [1]	Richmond, Va.	S. Richman	Roent.	27,945	2,141	286	11	1	4	2	...
Veterans Admin. Hospital [1-3]	Milwaukee, Wis.	T. J. Pfeffer	Roent.	33,102	4,926	448	18	3	3	2	...
		NONFEDERAL									
Jefferson-Hillman Hospital [1-3]	Birmingham	M. B. Carter	Rad.	25,051	6,302	268	6,700	1	3	3	50
Memorial Hospital [1-3]	Phoenix, Ariz.	D. D. Gain	D.R.	8,439			12	1	1	1	250
University Hospital [1]	Little Rock, Ark.	J. Meachan	Rad.	21,750	7,713	1,819	49	1	4	3	175
Herrick Memorial Hospital	Berkeley, Calif.	H. P. Brean	D.R.	9,365	1,497	167	24	1	2	2	100
San Joaquin General Hospital [1-3]	French Camp, Calif.	A. Cove	Rad.	32,834	1,852	...	7	1	1	2	235
General Hospital of Fresno County [1-3]	Fresno, Calif.	C. L. Ould	D.R.	16,499	1,017	5	1,494	1	1	1	230
Seaside Memorial Hospital [1-3]	Long Beach, Calif.	H. J. Prichard G. Beckstrand	Rad.	12,302	4,544	...	75	..	1	3	150
Cedars of Lebanon Hospital [1-3]	Los Angeles	E. Freedman H. Jaffe	Rad.	17,663	...	...	7,897	3	3	3	100
Hospital of the Good Samaritan [1-3]	Los Angeles	J. D. Camp	Rad.	28,577	4,139	153	31	1	3	3	150
Los Angeles County Hospital [1-3]	Los Angeles	R. Carter	Rad.	83,782	...	10,105	489	3	9	3	173
Queen of Angels Hospital [1-3]	Los Angeles	L. S. Goin	Rad.	12,033	...	...	36	..	1	3	125
St. Vincent's Hospital [1]	Los Angeles	K. S. Davis	Rad.	7,628	1,174	...	...	1	1	2	100
White Memorial Hospital [1-3]	Los Angeles	W. L. Stilson	Rad.	20,971	4,418	974	140	2	5	3	122
Highland-Alameda County Hospital [1-3]	Oakland, Calif.	H. H. Jensen	Rad.	17,644	2,236	...	40	1	2	3	170
Collis P. and Howard Huntington Memorial Hospital [1-3]	Pasadena, Calif.	R. S. Harrison	D.R.	10,564	1,398	74	...	1	1	2	150
Sutter General and Sutter Maternity Hospital	Sacramento, Calif.	R. S. Graham	Rad.	9,925	12,728	2,924	57	..	1	2	200
San Diego County General Hospital [1-3]	San Diego	E. Whitehead	Rad.	25,065	1,852	297	57	1	2	2	125
Children's Hospital [1-3]	San Francisco	G. G. King	Roent.	6,314	1,652	78	23	1	1	1	75
Franklin Hospital [1-3]	San Francisco	J. Williams	Roent.	11,554	...	...	...	1	3	1	105
St. Francis Memorial Hospital [1-3]	San Francisco	A. A. deLorimier	Rad.	15,500	4,843	682	53	1	3	2	200
St. Mary's Hospital [1-3]	San Francisco	S. Capp I. Miller	Roent.	12,871	1,530	510	12	1	1	2	100
Stanford University Hospital [1-3,32]	San Francisco	H. S. Kaplan	Rad.	13,783	4,079	452	45	1	4	3	50
University of California Hospital [1-3,32]	San Francisco	R. S. Stone	Rad.	24,745	6,327	1,885	63	..	4	3	78.75
Santa Barbara Cottage Hospital [1-3]	Santa Barbara, Calif.	M. J. Geyman J. T. Case	Rad.	7,955	2,476	97	29	1	3	3	100
Santa Monica Hospital [1]	Santa Monica, Calif.	R. L. Smith	Roent.	20,302	6,133	260	40	1	2	2	100
Glockner-Penrose Hospital [1-3]	Colorado Springs, Colo.	J. W. McMullen J. A. del Regato	Ther. Rad.	13,089	12,332	2,176	6	1	2	3	100
St. Francis Hospital [1-3]	Colorado Springs, Colo.	V. F. Bolton	Roent.	5,520	2,028	453	14	1	2	2	150
General Rose Memorial Hospital [1]	Denver	M. H. Levine J. H. Weiss	D.R.	7,268	777	...	...	...	...	1	...
Presbyterian Hospital [1-3]	Denver	K. D. A. Allen	Roent.	7,811		1,491	42	1	3	3	150
St. Luke's Hospital [1-3]	Denver	W. Stampfli	Roent.	8,617	1,231	148	12	1	1	2	150
University of Colorado Medical Center Colorado General Hospital [1-3]	Denver	R. R. Lanier	Roent.	26,320	4,298	239	156	2	5	3	150
Denver General Hospital [1-3,28]	Denver	E. Saltman	D.R.	20,897	708	40	23	1	3	1	157
Bridgeport Hospital [1-3]	Bridgeport, Conn.	B. M. Parmelee	Rad.	10,656	1,842	...	117	1	1	2	125
Hartford Hospital [1-3]	Hartford, Conn.	R. T. Ogden	Rad.	29,934	10,070	...	80	1	3	3	50
Grace-New Haven Community Hospital Grace Unit [1-3]	New Haven, Conn.	R. M. Lowman	Rad.	11,472	...	3,693	135	1	3	2	40
New Haven Unit (University Service) [1-3]	New Haven, Conn.	A. H. Janzen	Rad.	34,691	...	...	150	2	4	3	40
Hospital of St. Raphael [1-3]	New Haven, Conn.	R. Shapiro	Rad.	14,675	2,675	197	102	2	4	3	75
St. Mary's Hospital [1-3]	Waterbury, Conn.	S. M. Atkins	Roent.	13,398	1,280	42	21	..	..	1	...
Waterbury Hospital [1-3]	Waterbury, Conn.	S. Blank	Roent.	11,776	1,951	...	73	1	2	3	100
Delaware Hospital [1-3]	Wilmington, Del.	W. W. Hattemus	D.R.	15,730	3,577	742	69	2	2	2	130
Central Dispensary and Emergency Hosp. [1-3]	Washington, D. C.	J. E. Wissler	Rad.	14,037	3,000	40	36	1	3	3	150
Doctors Hospital [1-3]	Washington, D. C.	A. C. Christie	Rad.	21,248	8,290	1,634	105	2	6	3	150
Gallinger Municipal Hospital [1-3]	Washington, D. C.	R. J. Terrafranca	D.R.	22,442	909	14	11	2	4	1	100
Garfield Memorial Hospital [1-3]	Washington, D. C.	A. O. Hampton	Rad.	14,182	4,872	902	34	..	..	3	200
Georgetown University Hospital [1-3,108]	Washington, D. C.	W. E. Baensch	Rad.	19,462	4,548	302	10	2	6	3	75
George Washington University Hospital [1-3]	Washington, D. C.	W. S. Stanbro	Rad.	10,242	4,115	457	33	1	4	3	130
Jackson Memorial Hospital [1]	Miami, Fla.	H. E. Davis	Rad.	37,271	5,186	...	114	1	3	3	75
Crawford W. Long Memorial Hospital [1-3]	Atlanta, Ga.	D. King	Rad.	16,729	1,653	180	21	1	1	1	87.50
Grady Memorial Hospital [1]	Atlanta, Ga.	H. S. Weems	Rad.	38,234	7,753	1,584	74	2	6	3	30
Piedmont Hospital [1]	Atlanta, Ga.	E. G. Smith, Jr.	D.R.	6,016	560	...	...	1	1	1	100
University Hospital [1-3]	Augusta, Ga.	L. P. Holmes	Rad.	45,450	2,534	73	180	3	9	3	...
Emory University Hospital [1-3]	Emory University, Ga.	T. F. Leigh	Rad.	12,907	10,883	...	160	1	3	3	50
Augustana Hospital [1-3]	Chicago	D. S. Bellin	Roent.	10,633	1,771	...	...	1	3	3	150
Cook County Hospital [1-3]	Chicago	G. M. Landau	Rad.	87,455	19,168	750	104	3	3	3	100
Englewood Hospital [3]	Chicago		Roent.	...	...	...	...	..	..	1	...
Franklin Boulevard Community Hospital [1-3,21]	Chicago	E. Klein	Ther.								
			Rad.	3,875	...	...	...	1	2	1	...
Illinois Masonic Hospital [1-3]	Chicago	J. H. Gilmore	Rad.	14,463	1,589	...	56	1	3	2	90

Numerical and other references will be found on page 363.

25. RADIOLOGY—Continued

Name of Hospital	Location	Chief of Service	Type of Training	Number of X-Ray Examinations	Number of Deep X-Ray Treatments	Number of Superficial X-Ray Treatments	Number of Radium Treatments	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
Mercy Hospital [1-3]	Chicago	W. W. Furey	Rad.	18,169	6,985	2,966	134	1	2	2	25
Michael Reese Hospital [1-3]	Chicago	R. Arens									
		E. Uhlmann	Rad.	54,791	11,682	347	1,870	2	4	3	50
Mount Sinai Hospital [1-3]	Chicago	J. Arendt	Roent.	16,608	3,731	...	...	2	3	2	75
Northwestern University Medical Center [16]											
Passavant Memorial Hospital [1-3]	Chicago	R. B. Lewis									
		E. Barth	Roent.	21,642	2,005	16	25	2	4	3	50
Presbyterian Hospital [1-3]	Chicago	F. H. Squire	Rad.	46,274	3,348	2,239	49	2	4	3	50
Provident Hospital [1-3]	Chicago	W. Quinn	Rad.	5,234	2,475	...	17	1	3	3	85
Ravenswood Hospital [1-3]	Chicago	D. L. Jenkinson	Roent.	12,194	2,072	...	...	1	2	3	75
Research and Educational Hospitals [1-3]	Chicago	R. A. Harvey	Rad.	47,910	8,786	...	156	3	7	3	60
St. Bernard's Hospital [3]	Chicago	B. C. Cushway	Rad.	10,029	2,308	442	252	1	2	2	200
St. Luke's Hospital [1-3]	Chicago	E. L. Jenkinson	Rad.	31,431	...	...	6	2	6	3	100
University of Chicago Clinics [1-3]	Chicago	P. C. Hodges	Rad.	29,947	13,407	600	97	2	8	3	75
Wesley Memorial Hospital [1-3]	Chicago	A. H. Cannon	Rad.	33,833	2,818	185	69	1	3	3	50
Evanston Hospital [1-3]	Evanston, Ill.	R. G. Willy	Rad.	27,437	4,574	1,109	5,785	2	4	3	50
St. Francis Hospital [1-3]	Evanston, Ill.	A. C. Ledoux	Roent.	22,668	1,570	80	14	1	3	2	150
Little Company of Mary Hospital [1-3]	Evergreen Park, Ill.	W. W. Furey	D.R.	31,326	1,668	1,382	29	1	1	1	...
St. Francis Hospital [1-3]	Peoria, Ill.	P. R. Dirkse	Roent.	19,004	2,629	264	13	...	1	2	160
Clinic Hospital [1]	Bluffton, Ind.	W. S. Tirman	Roent.	23,694	2,697	...	39	1	3	2	200
Protestant Deaconess Hospital [1]	Evansville, Ind.	A. A. Hobbs, Jr.	Rad.	8,721	2,236	3	28	1	1	1	150
St. Joseph Hospital [1]	Fort Wayne, Ind.	C. H. Warfield	Roent.	10,378	2,671	155	...	1	1	2	155
St. Margaret Hospital [1]	Hammond, Ind.	J. F. Larrabee	D.R.	13,671	2,921	439	...	1	1	1	175
Indianapolis General Hospital [1]	Indianapolis	W. E. Tosick	Rad.	23,830	3,696	383	...	1	2	2	120
Indiana University Medical Center [1]	Indianapolis	J. A. Campbell	Rad.	28,132	8,772	800	195	3	7	3	150
Methodist Hospital [1-3]	Indianapolis	H. C. Ochsner	Rad.	34,902	3,705	3,743	32	1	3	3	200
St. Elizabeth Hospital [1-3]	Lafayette, Ind.	J. McClelland	Roent.	9,969	...	1,733	42	1	3	2	150
Ball Memorial Hospital [1-3]	Muncie, Ind.	B. W. Stocking	Roent.	14,702	2,859	151	16	1	2	2	100
Iowa Methodist Hospital [1-3]	Des Moines, Iowa	T. A. Burcham	Rad.	8,801	...	...	21	1	2	3	100
University Hospitals [1-3]	Iowa City	H. D. Kerr	Rad.	50,539	15,350	...	228	2	6	3	50
University of Kansas Medical Center [1-3]	Kansas City, Kan.	C. Rice	Rad.	31,432	6,236	999	45	2	4	3	125
Wesley Hospital [1-3]	Wichita, Kan.	N. C. Nash	Rad.	11,134	4,518	39	...	1	1	1	150
Norton Memorial Infirmary [1-3]	Louisville, Ky.	J. C. Bell	Rad.	8,812	2,478	182	22	1	1	1	175
St. Joseph Infirmary [1]	Louisville, Ky.	S. E. Johnson									
		J. Love	Rad.	15,859	7,388	840	145	1	3	3	150
University of Louisville Hospitals			Rad.	...	...	...	...	...	3	...	...
Louisville General Hospital [1-3]	Louisville, Ky.	E. L. Pirkey		35,622	2,841	1,105	93	2	5	...	55
Veterans Admin. Hospital [1-3]	Louisville, Ky.	D. Shapiro		23,871	2,386	200	194	1	3	...	...
Baptist Hospital [1-3]	Alexandria, La.	H. O. Barker	Rad.	5,071	...	...	147	1	1	3	...
Charity Hospital of Louisiana [1-3]	New Orleans	M. Garcia	Rad.	129,948	20,524	4,169	504	5	13	3	25
Ochsner Foundation Hospital [1-3]	New Orleans	E. H. Little	Rad.	75,035	3,906	...	...	1	3	3	150
Southern Baptist Hospital [1]	New Orleans	L. J. Bristow, Jr.	Rad.	17,213	5,998	566	50	1	3	3	...
Touro Infirmary [1-3]	New Orleans	A. Bayzant	Rad.	21,691	2,889	231	1	1	1	3	35
Shreveport Charity Hospital [1]	Shreveport, La.	G. M. Riley	Rad.	21,097	12,144	1,272	92	1	3	3	60
Eastern Maine General Hospital [1-3]	Bangor, Me.	H. A. Smith	Roent.	12,823	2,750	...	16	1	1	2	100
Central Maine General Hospital [1]	Lewiston, Me.	C. F. Miller	Roent.	8,040	1,628	94	39	1	1	2	140
Maine General Hospital [1-3]	Portland, Me.	J. Spencer	Rad.	28,067	3,578	75	44	1	3	3	100
Baltimore City Hospitals [1-3]	Baltimore	J. DeCarlo	D.R.	43,908	1,201	258	7	2	5	1	15
Johns Hopkins Hospital [1-3,165]	Baltimore	R. H. Morgan	Rad.	63,720	10,781	...	187	...	8	3	...
Mercy Hospital [1-3]	Baltimore	E. R. Dana	Roent.	13,675	1,200	211	40	...	...	1	...
Sinai Hospital [1-3]	Baltimore	J. O. Salik	Rad.	16,581	700	...	19	1	3	2	85
Union Memorial Hospital [1-3]	Baltimore	W. B. Fitzer	D.R.	11,950	...	...	...	1	1	1	40
University Hospital [1-3]	Baltimore	W. L. Kilby	Rad.	30,486	4,224	...	181	2	4	3	75
Washington County Hospital	Hagerstown, Md.		D.R.	...	...	...	...	1	...	...	...
Beth Israel Hospital [1-3]	Boston	S. A. Robbins	Roent.	18,432	2,385	185	12	2	3	2	41
Boston City Hospital [1-3]	Boston	M. Ritvo	Rad.	89,354	...	...	39	12	4	3	112
Children's Medical Center [1-3]	Boston	E. B. D. Neuhauser	Rad.	23,495	...	...	...	2	3	2	41.67
Faulkner Hospital [1-3]	Boston	E. E. Hawes		7,450	972	160	...	1	2	2	200
Lahey Clinic [1-3]	Boston	H. F. Hare	Rad.	59,104	10,575	139	3	1	3	3	150
Massachusetts General Hospital [1-3]	Boston	I. I. Robbins	Rad.	46,119	17,302	1,574	180	2	6	3	66.67
Massachusetts Memorial Hospitals [1-3]	Boston	G. Levene	Roent.	32,439	2,499	277	4	1	3	3	75
New England Center Hospital [1-3]	Boston	A. Ettinger	Rad.	29,951	375	...	...	2	2	3	100
New England Deaconess Hospital [1-3]	Boston	J. Marks	Rad.	19,308	3,502	161	60	1	3	3	135
Peter Bent Brigham Hospital [1-3]	Boston	M. C. Sosman	Rad.	24,100	2,300	...	2	2	9	3	41.67
St. Elizabeth's Hospital [1-3]	Brighton, Mass.	W. Carey	D.R.	15,670	369	...	30	1	1	1	125
Cambridge City Hospital [1-3]	Cambridge, Mass.	M. Elkin	Rad.	12,783	570	200	4	...	1	1	125
Mount Auburn Hospital [1-3]	Cambridge, Mass.	R. Schatzki	Roent.	16,025	1,855	170	11	1	1	1	125
Lynn Hospital [1-3]	Lynn, Mass.	H. A. Osgood	Roent.	18,329	3,141	137	9	1	1	3	150
Newton-Wellesley Hospital [1-3]	Newton Lower Falls, Mass.	C. Liebman	Roent.	12,843	1,084	...	12	1	2	2	125
Salem Hospital [1-3]	Salem, Mass.	S. A. Wilson	Rad.	12,898	...	...	11	1	3	3	100
Memorial Hospital [1-3]	Worcester, Mass.	W. Elliott	Roent.	11,793	1,748	95	30	1	1	1	150
St. Joseph's Mercy Hospital [1-3]	Ann Arbor, Mich.	S. Donaldson	Rad.	19,726	1,114	709	98	1	3	3	...
University Hospital [1]	Ann Arbor, Mich.	F. J. Hodges	Rad.	40,346	11,441	923	223	4	12	3	134.16
Leila Y. Post Montgomery Hospital [1]	Battle Creek, Mich.	R. Bardeen	Rad.	19,171	1,419	308	43	1	1	3	250
Children's Hospital [1]	Detroit	W. A. Evans	D.R.	18,502	...	...	...	1	1	1	125
City of Detroit Receiving Hospital [1-3]	Detroit	J. Lofstrom	D.R.	61,344	...	...	...	3	9	2	233.25
Grace Hospital [1-3]	Detroit	H. A. Jarre	Rad.	30,052	4,654	1,918	21	1	3	3	225
Harper Hospital [1]	Detroit	I. Reynolds	Roent.	24,959	17,518	...	573	3	9	3	205
Henry Ford Hospital [1-3]	Detroit	H. P. Doub	Rad.	52,230	7,039	2,023	87	2	6	3	225
Herman Kiefer Hospital [1-3]	Detroit	C. C. Birkelo	D.R.	54,277	...	...	...	1	1	1	350
Mt. Carmel Mercy Hospital	Detroit	J. Grace	Roent.	23,754	3,690	131	31	1	1	2	225
Providence Hospital [1]	Detroit	W. A. Irwin	Rad.	21,495	2,852	159	131	1	3	3	225
Wayne County General Hospital and Infirmary [1-3]	Eloise, Mich.	J. Zhikowski	Rad.	20,910	2,181	185	7	1	2	1	200.66
Hurley Hospital [1-3]	Flint, Mich.	D. R. Limbach	Rad.	31,074	3,844	1,261	143	1	3	3	300
Blodgett Memorial Hospital [1-3]	Grand Rapids, Mich.	H. C. Jones	Roent.	11,431	3,553	41	34	1	2	2	200
Butterworth Hospital [1-3]	Grand Rapids, Mich.	R. J. McCandliss	Rad.	19,494	2,372	303	68	1	2	2	125
Hackley Hospital [1-3]	Muskegon, Mich.	L. E. Holly	Rad.	13,448	4,000	277	39	1	3	3	150
Northwestern Hospital [1-3]	Minneapolis	C. O. Hansen	Rad.	13,911	10,179	531	29	2	2	3	175
Swedish Hospital [1-3]	Minneapolis	G. T. Nordin									
		L. G. Idstrom	Rad.	19,988	4,317	392	67	1	3	3	150
University of Minnesota Hospitals [1-3]	Minneapolis	L. Rigler	Rad.	63,670	7,494	1,126	202	...	...	3	142.50
Mayo Foundation [1-3]	Rochester, Minn.	B. R. Kirklin	Rad.	...	...	...	...	6	18	3	150
Charles T. Miller Hospital [1-3]	St. Paul, Minn.	H. O. Peterson	Rad.	11,913	4,773	3,182	7,948	..	2	3	115
St. Joseph's Hospital [1-3]	St. Paul, Minn.	J. P. Medelman	Roent.	11,195	2,206	...	30	1	1	1	125
Kansas City General Hospital No. 1 [3]	Kansas City, Mo.	E. H. Stratemeier	Rad.	20,943	2,001	284	42	1	3	3	75
Kansas City General Hospital No. 2 [1-3]	Kansas City, Mo.	I. S. Lockwood									
		J. Remas	D.R.	11,259	248	43	24	1	1	3	75
Menorah Hospital Medical Center [1-3]	Kansas City, Mo.	D. S. Dann	Rad.	11,971	1,489	496	39	1	1	1	150

Numerical and other references will be found on page 353.

25. RADIOLOGY—Continued

Name of Hospital	Location	Chief of Service	Type of Training	Number of X-Ray Examinations	Number of Deep X-Ray Treatments	Number of Superficial X-Ray Treatments	Number of Radium Treatments	First Year Residencies Offered [4]	Total Residencies Offered [4]	Length of Approved Program (Years)	Beginning Stipend (Months)
Research Hospital [1-3]	Kansas City, Mo.	I. H. Lockwood	Rad.	131,456	13,216	1,408	1,174	1	3	3	150
St. Joseph Hospital [3]	Kansas City, Mo.	C. E. Virden	Rad.	12,422	3,592	...	97	..	..	3	...
St. Luke's Hospital [1-3]	Kansas City, Mo.	L. A. Scarpellino	Roent.	10,271	...	...	29	1	2	3	150
Barnard Free Skin and Cancer Hospital [1-3]	St. Louis	E. C. Ernst	Ther.								
			Rad.	1,701	6,634	980	114	1	1	1	125
Barnes Hospital [3]	St. Louis	H. Wilson	Rad.	49,339	12,106	...	213	4	10	3	100
De Paul Hospital [1-3]	St. Louis	E. C. Ernst	Rad.	11,246	1,043	115	48	1	2	2	150
Homer G. Phillips Hospital [1-3]	St. Louis	W. E. Allen	Rad.	24,181	3,898	194	102	1	3	3	132.80
Jewish Hospital [1-3]	St. Louis	P. C. Schnoebelen	Rad.	22,464	4,044	296	60	1	1	2	100
St. Louis City Hospital [1-3]	St. Louis	D. Weir	Rad.	43,886	...	2,611	145	3	7	3	132.80
St. Luke's Hospital [1-3]	St. Louis	O. C. Zink	Roent.	9,026	1,496	9	138	..	1	3	200
St. Mary's Group of Hospitals [1-3]	St. Louis	L. Sante	Rad.	28,163	2,827	329	55	1	3	3	65
Creighton Memorial St. Joseph's Hospital [1-3]	Omaha	J. F. Kelly	Rad.	7,208	2,859	154	28	1	3	3	100
Nebraska Methodist Hospital [1-3]	Omaha	H. B. Hunt	Rad.	9,480	4,980	933	94	1	2	3	...
St. Catherine's Hospital [1-3]	Omaha	J. F. Kelly	Roent.	10,042	941	167	22	1	3	3	100
University of Nebraska Hospital [1-3]	Omaha	H. B. Hunt	Rad.	10,873	...	...	258	1	4	3	175
Mary Hitchcock Memorial Hospital [1-3]	Hanover, N. H.	W. C. McCarty, Jr.	Rad.	18,235	2,469	621	173	1	3	3	171
Atlantic City Hospital [1-3]	Atlantic City, N. J.	R. A. Bradley	Roent.	9,097	3,701	411	53	1	1	1	150
Cooper Hospital [1-3]	Camden, N. J.	P. D. Gilbert	Rad.	20,769	9,374	576	41	1	1	2	...
Jersey City Medical Center [1-3]	Jersey City, N. J.	H. J. Perlberg	Rad.	34,725	10,045	536	188	1	6	2	120
Burlington County Hospital [1-3]	Mt. Holly, N. J.	A. Oppenheimer	Roent.	9,290	1,213	...	17	1	1	1	100
Hospital of St. Barnabas and for Women and Children [1-3]	Newark, N. J.	P. Gianquinto	Roent.	7,758	2,394	249	17	1	2	2	100
Newark Beth Israel Hospital [1-3]	Newark, N. J.	N. J. Furst	Rad.	8,401	3,028	99	86	1	3	3	...
Newark City Hospital [1-3]	Newark, N. J.	P. J. Santora	Roent.	47,196	3,643	267	16	2	2	1	116.66
Orange Memorial Hospital [1-3]	Orange, N. J.	W. H. Seward	Roent.	15,631	4,629	1,510	22	1	1	1	100
Mercer Hospital [1-3]	Trenton, N. J.	I. P. Mains	Roent.	8,859	2,385	1,200	...	1	2	3	150
Albany Hospital [1-3]	Albany, N. Y.	J. F. Roach	Roent.	23,208	...	...	104	1	2	2	110
Binghamton City Hospital [1-3]	Binghamton, N. Y.		Rad.	11,996	2,977	31	29	..	..	1	...
Brooklyn Hospital [1-3]	Brooklyn	J. H. Wentworth	Rad.	15,843	1,530	224	75	1	3	3	75
Cumberland Hospital [1-3]	Brooklyn	G. H. Kolransky	D.R.	21,176	...	...	...	1	2	1	90
Jewish Hospital [1-3]	Brooklyn	M. Wasch	Rad.	22,239	2,899	139	56	1	4	3	50
John E. Jennings Hospital [1-3]	Brooklyn	A. B. Friedmann	Ther.								
			Rad.	6,973	14,417	781	203	..	4	3	90
Kings County Hospital [1-3]	Brooklyn	I. Harrington									
		B. Ehrenpreis	Rad.	125,798	16,170	1,623	17,941	2	4	3	90
Long Island College Hospital [1-3]	Brooklyn	A. L. L. Bell	Rad.	19,837	2,578	332	72	1	3	3	25
Maimonides Hospital [1-3]	Brooklyn	M. Slobodkin	D.R.	18,165	...	...	9	2	2	2	75
Methodist Hospital [1-3]	Brooklyn	R. H. Smith	Roent.	11,048	1,160	...	16	1	2	2	75
Buffalo General Hospital [1-3]	Buffalo	G. J. Culver	Roent.	28,331	696	6,514	86	..	2	3	125
Deaconess Hospital [1-3]	Buffalo	R. E. Seibel	Roent.	9,512	...	...	...	..	1	2	150
Edward J. Meyer Memorial Hospital [1-3]	Buffalo	G. G. Eschner	Roent.	34,499	2,735	615	90	1	3	3	179
Roswell Park Memorial Institute [1-3]	Buffalo	W. T. Murphy	Ther.								
			Rad.	7,037	40,700	3,291	453	..	1	3	244
Clifton Springs Sanitarium and Clinic [1-3]	Clifton Springs, N. Y.	G. H. Brown	D.R.	5,902	700	102	3	1	2	1	100
Meadowbrook Hospital [1-3]	Hempstead, N. Y.	H. E. Zatzkin	Rad.	13,745	5,737	23	18	1	1	3	200
Queens General Hospital [1-3]	Jamaica, N. Y.	I. S. Startz									
		L. B. Goldman	Roent.	39,154	5,340	1,007	138	2	4	3	50
Charles S. Wilson Memorial Hospital [1-3]	Johnson City, N. Y.	B. D. Jay	Rad.	17,195	1,889	379	62	1	2	2	200
Mount Vernon Hospital [1-3]	Mount Vernon, N. Y.	L. M. Bond	Roent.	10,987	140	3	12	1	1	2	125
New Rochelle Hospital [1-3]	New Rochelle, N. Y.	J. F. Miller	Roent.	14,700	2,172	22	11	1	1	2	125
Bellevue Hospital Center											
Division III—New York University College of Medicine [1-3]	New York City	I. I. Kaplan	Ther.								
			Rad.	...	12,136	1,046	1,155	8	8	2	80
Independent Unit	New York City	L. J. Friedman	D.R.	140,024	...	...	...	5	10	1	60
Beth David Hospital [1-3]	New York City	M. Birnkrant	D.R.	8,248	...	...	...	1	1	1	125
Beth Israel Hospital [1-3]	New York City	A. J. Bendick	Roent.	14,619	2,722	181	11	3	3	3	60
Bronx Hospital [1-3]	New York City	A. J. Weinstein	Roent.	14,401	2,864	370	14	1	2	2	75
Doctors Hospital [1-3]	New York City	A. J. Tillinghast	D.R.	7,348	1,720	...	24	1	1	1	200
Flower and Fifth Avenue Hospitals [1-3]	New York City	F. J. Borelli	Rad.	13,615	2,615	200	78	1	3	3	...
Francis Delafield Hospital	New York City		Rad.	...	...	...	...	..	..	3	...
French Hospital [1-3]	New York City	E. M. Claiborne	Roent.	10,947	1,258	...	...	1	3	2	100
Goldwater Memorial Hospital [1-3]	New York City	H. K. Taylor	D.R.	11,551	113	...	...	2	3	1	90
Harlem Hospital [1-3]	New York City	I. J. Landsman	D.R.	55,360	470	4,857	5,096	2	4	2	90
		I. Arons									
Hospital For Joint Diseases [1-3]	New York City	M. M. Pomeranz	Rad.	26,421	3,506	332	12	1	3	3	60
Lenox Hill Hospital [1-3]	New York City	F. H. Chisolm	Roent.	21,106	3,011	...	12	1	3	3	50
Lincoln Hospital [1-3]	New York City	E. Kraft	Roent.	29,230	373	145	6	1	2	2	90
Memorial Hospital [1-3]	New York City	R. S. Sherman	Rad.	48,213	39,985	...	639	..	12	2	200
		J. J. Nickson									
Metropolitan Hospital [1-3]	New York City	F. J. Borrelli	D.R.	34,385	...	...	...	..	..	2	...
Montefiore Hospital [1-3]	New York City	J. R. Fried	Rad.	31,256	10,085	2,844	29	2	6	3	60
		J. J. Schwartzman									
Morrisania City Hospital [1-3]	New York City	S. F. Weitzner	Rad.	24,117	2,826	174	67	1	2	2	80
Mount Sinai Hospital [1-3]	New York City	B. S. Wolf									
		W. Harris	Rad.	40,127	7,702	9,328	68	6	6	3	50
New York City Hospital [1-3]	New York City	A. V. Shapiro	D.R.	18,509	...	25	...	1	2	2	90
New York Hospital [1-3]	New York City	J. A. Evans	Rad.	79,908	10,107	1,075	24	5	9	3	25
New York Polyclinic Memorial School and Hospital [1-3]	New York City	W. H. Shehadi	Roent.	10,228	1,680	639	28	1	2	2	75
New York University-Bellevue Medical Center	(See also Bellevue Hospital Center, Division II; Independent Unit)										
University Hospital [1-3]	New York City	C. Gottlieb	Rad.	20,573	2,853	950	346	2	5	3	80
Presbyterian Hospital [1-3]	New York City	R. Golden	Rad.	93,094	...	...	223	4	12	3	208.33
Roosevelt Hospital [1-3]	New York City	A. A. Dunn	Rad.	31,288	2,655	291	...	1	3	3	...
St. Luke's Hospital [1-3]	New York City	H. F. Hempel	Rad.	34,748	4,291	...	27	1	3	3	60
St. Vincent's Hospital [1-3]	New York City	F. F. Ruzicka, Jr.	Rad.	28,300	2,762	42	58	1	2	3	50
Sydenham Hospital [1-3]	New York City	J. Moseley	Roent.	8,387	154	16	5	2	2	1	85
United Hospital [1-3]	Port Chester, N. Y.	T. West	Roent.	8,376	...	...	9	1	1	1	150
Genesee Hospital [1-3]	Rochester, N. Y.	G. Baron	Roent.	19,194	1,638	182	14	1	1	3	...
Rochester General Hospital [1-3]	Rochester, N. Y.	E. F. Merrill	Roent.	21,339	6,966	1,187	67	1	3	3	100
St. Mary's Hospital [1-3]	Rochester, N. Y.	H. H. Forsyth									
		A. V. Winchell	Roent.	17,727	1,927	...	15	2	4	2	175
Strong Memorial-Rochester Municipal Hospitals [1-3, 85]	Rochester, N. Y.	G. H. Ramsey	Rad.	26,424	4,770	679	133	3	9	3	...
Ellis Hospital [1-3]	Schenectady, N. Y.	K. L. Mitton	Roent.	12,982	1,066	...	37	1	1	1	...
Sea View Hospital [1-3]	Staten Island, N. Y.	S. E. Kamen	D.R.	19,338	...	...	...	1	1	1	140
Crouse-Irving Hospital [1-3]	Syracuse, N. Y.	C. F. Potter	Roent.	7,341	702	66	..	1	1	2	150
State University of New York Medical Center [1-3, 81]	Syracuse, N. Y.	C. Hale	Rad.	18,631	3,473	385	45	1	4	3	150

Numerical and other references will be found on page 361.

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25. RADIOLOGY—Continued

Name of Hospital	Location	Chief of Service	Type of Training	Number of X-Ray Examinations	Number of Deep X-Ray Treatments	Number of Superficial X-Ray Treatments	Number of Radium Treatments	First Year Residencies Offered *	Total Residencies Offered *	Length of Program (Years)	Beginning Stipend (Months)
Grasslands Hospital [1-3]	Valhalla, N. Y.	A. G. Debbie	Roent.	17,198	1,616	1,423	13	1	3	3	125
St. John's Riverside Hospital	Yonkers, N. Y.		Roent.	...	...	...	...	...	...	2	...
Charlotte Memorial Hospital [1-3]	Charlotte, N. C.	W. C. A. Sternbergh	Roent.	11,901	1,469	92	21	1	1	1	150
Duke Hospital [1-3]	Durham, N. C.	R. J. Reeves	Rad.	59,383	7,834	778	213	3	8	3	41.66
Watts Hospital [1]	Durham, N. C.	W. W. Vaughan	Rad.	20,903	4,554	1,518	47	1	3	3	75
North Carolina Baptist Hospital [1]	Winston-Salem, N. C.	J. R. Andrews	Rad.	19,178	2,927	37	19	2	4	3	41.66
Bismarck Hospital [2]	Bismarck, N. D.	H. M. Berg	Rad.	24,410	2,500	873	85	2	2	3	...
City Hospital [1-3]	Akron, Ohio	F. T. Moore	Rad.	46,765	8,752	408	98	1	3	3	200
Peoples Hospital [1]	Akron, Ohio	E. L. Yoke	Rad.	12,388	6,104	220	45	1	1	3	225
Aultman Hospital [1-3]	Canton, Ohio	S. Larson	Rad.	21,650	2,491	1,350	25	1	1	1	125
Mercy Hospital [1-3]	Canton, Ohio	T. J. Dodd	D.R.	20,388	432	78	61	1	3	3	200
Cincinnati General Hospital [1-3]	Cincinnati	B. Felson	Rad.	89,251	4,214	167	75	2	8	3	...
Good Samaritan Hospital [1-3]	Cincinnati	J. McCarthy	Rad.	20,872	...	...	48	1	3	2	155
Jewish Hospital [1-3]	Cincinnati	A. Fine	Rad.	14,391	1,130	218	81	1	2	3	120
City Hospital [1-3]	Cleveland	H. Hauser	Rad.	29,441	3,068	2,071	54	2	6	3	84
Cleveland Clinic Hospital [1-3]	Cleveland	C. R. Hughes	Rad.	78,071	9,411	2,132	108	4	12	3	150
Lutheran Hospital [1-3]	Cleveland	J. A. Groh	Roent.	10,487	3,403	55	15	1	1	3	162.50
Mount Sinai Hospital [1-3]	Cleveland	H. A. Mahrer	Roent.	17,696	...	...	18	1	3	3	215
St. Luke's Hospital [1-3]	Cleveland	D. D. Brannan	Rad.	28,440	4,966	1,242	34	1	3	3	100
St. Vincent Charity Hospital [1]	Cleveland	E. J. O'Malley	Rad.	15,593	1,959	...	23	1	3	3	160
University Hospital [1-3]	Cleveland	H. L. Friedell	Rad.	41,192	6,132	589	711	2	6	3	25
University Hospitals Ohio State University Hospital [1-3]	Columbus, Ohio	H. J. Means	Rad.	29,436	...	...	100	3	8	3	125
Miami Valley Hospital [1-3]	Dayton, Ohio	G. A. Nicoll	Rad.	17,003	...	...	53	1	3	3	125
St. Elizabeth Hospital	Dayton, Ohio	H. Snow	Rad.	12,418	918	...	...	1	2	3	225
Huron Road Hospital [1-3]	East Cleveland, Ohio	W. Heinrich	Roent.	13,452	2,577	484	56	...	...	2	...
St. Vincent's Hospital [1-3]	Toledo, Ohio	C. E. Hufford	D.R.	20,881	...	...	25	1	1	1	200
St. Elizabeth Hospital [1-3]	Youngstown, Ohio	S. J. Tamarkin	Roent.	19,183	1,800	202	10	1	1	1	200
Youngstown Hospital [1-3]	Youngstown, Ohio	E. C. Baker	Rad.	29,019	7,032	1,949	36	2	3	3	125
University Hospitals [1-3]	Oklahoma City	P. E. Russo	Rad.	27,114	...	...	73	1	5	3	75
St. John's Hospital	Tulsa, Okla.		Rad.	13,834	6,649	1,256	121	...	...	2	...
St. Vincent's Hospital [1-3]	Portland, Ore.	S. E. Rees	Roent.	13,037	1,467	...	25	1	3	3	140
University of Oregon Medical School Hospitals and Clinics [1-3]	Portland, Ore.	W. Y. Burton	Rad.	36,133	3,966	...	21	1	3	3	85
Abington Memorial Hospital [1-3]	Abington, Pa.	J. D. Zulick	Roent.	17,309	3,723	196	50	1	3	3	100
Bryn Mawr Hospital [1-3]	Bryn Mawr, Pa.	R. S. Brotner	Rad.	15,452	4,739	674	135	..	2	3	100
George F. Geisinger Memorial Hospital [1-3]	Danville, Pa.	C. L. Hinkel	Rad.	15,467	1,951	1,250	45	1	3	3	100
St. Vincent's Hospital [1-3]	Erie, Pa.	R. D. Bacon	Rad.	12,129	915	22	38	1	1	3	50
Albert Einstein Medical Center Northern Division [1-3]	Philadelphia	J. Gershon-Cohen	Rad.	23,060	5,338	735	48	3	3	3	100
Southern Division [1-3]	Philadelphia	H. J. Isard	Roent.	15,982	2,342	269	54	2	2	3	75
American Oncologic Hospital [1-3]	Philadelphia	J. W. Brandfield S. G. Castigliano	Ther. Rad.	1,511	10,729	...	114	..	2	3	150
Episcopal Hospital [1]	Philadelphia	D. A. Sampson	Rad.	15,211	1,042	788	33	3	3	3	50
Frankford Hospital [1-3]	Philadelphia	M. T. Woodruff	D.R.	10,845	302	42	21	1	1	3	200
Germantown Dispensary and Hospital [1-3]	Philadelphia	B. R. Young	Rad.	23,400	2,860	820	53	1	3	3	150
Graduate Hospital of the University of Pennsylvania [1-3]	Philadelphia	A. Finkelstein	Rad.	21,880	...	...	65	2	6	3	...
Hahnemann Medical College and Hospital [1-3]	Philadelphia	J. S. Lehman	Rad.	26,178	5,145	173	433	2	5	3	50
Hospital of the University of Pennsylvania [1-3]	Philadelphia	E. Pendergrass	Rad.	124,067	11,323	9,549	101	..	24	3	...
Hospital of the Woman's Medical College of Pennsylvania [1-3]	Philadelphia	J. Vastine	Roent.	9,183	1,529	139	46	1	1	3	200
Jeanes Hospital [1-3]	Philadelphia	E. P. Pendergrass	Rad.	4,410	...	...	12	..	1	1	250
Jefferson Medical College Hospital [1]	Philadelphia	C. Swenson	Rad.	51,653	14,894	2,193	581	..	..	3	50
Mercy-Douglass Hospital [1]	Philadelphia	R. F. Minton	D.R.	...	...	...	...	..	1	1	150
Nazareth Hospital [1-3]	Philadelphia	J. S. Fetter	Roent.	15,376	1,911	515	31	..	1	2	100
Pennsylvania Hospital [1-3]	Philadelphia	P. A. Bishop	Rad.	15,385	1,808	403	87	1	2	3	70
Philadelphia General Hospital [1-3]	Philadelphia	B. P. Widmann	Rad.	104,655	13,691	...	280	3	9	3	112
Presbyterian Hospital [1-3]	Philadelphia	E. L. Lane	Rad.	9,750	...	...	34	1	3	3	25
Temple University Hospital [1-3]	Philadelphia	W. E. Chamberlain	Rad.	35,308	5,297	112	27	4	12	3	...
Allegheny General Hospital	Pittsburgh		Roent.	...	...	...	...	...	...	2	...
Mercy Hospital [1-3]	Pittsburgh	C. R. Perryman	Rad.	30,360	5,616	...	164	1	1	3	150
Montefiore Hospital [1-3]	Pittsburgh	J. Goldsmith	Roent.	11,780	2,722	225	...	2	2	3	50
Pittsburgh Medical Center [1]	Pittsburgh	G. W. Grier	Rad.	39,442	4,483	125	166	1	4	3	...
St. Francis Hospital [1]	Pittsburgh	L. H. Osmond	Roent.	39,756	2,294	502	59	1	3	3	150
Western Pennsylvania Hospital [1-3]	Pittsburgh	R. G. Alley E. J. Euphrat	Rad.	39,162	3,439	423	49	1	2	3	100
Reading Hospital [1]	Reading, Pa.	G. W. Chamberlin	Rad.	11,969	4,959	...	32	4	12	3	150
St. Joseph's Hospital [1]	Reading, Pa.	W. W. Werley	Roent.	31,193	...	...	...	1	1	1	...
Robert Packer Hospital [1-3]	Sayre, Pa.	S. P. Perry	Rad.	24,919	2,850	500	32	2	2	3	150
Sharon General Hospital [1]	Sharon, Pa.	H. A. Steiner	Roent.	9,456	1,972	...	82	...	1	1	250
Chester County Hospital	West Chester, Pa.	J. Gershon-Cohen	Roent.	7,208	2,795	372	4	1	1	1	50
Rhode Island Hospital [1-3]	Providence, R. I.	L. A. Martineau	Roent.	26,258	2,059	393	103	1	2	3	143.33
Roger Williams General Hospital [1]	Providence, R. I.	R. R. Hunt	Roent.	8,662	1,875	1,220	60	1	1	2	200
Roper Hospital [1-3]	Charleston, S. C.	H. S. Pettit	Rad.	42,399	4,357	108	41	1	2	3	50
Columbia Hospital [1-3]	Columbia, S. C.	G. Smith	Roent.	13,736	2,600	135	39	1	1	1	125
Spartanburg General Hospital [1]	Spartanburg, S. C.	H. E. Pierce	Rad.	9,354	2,472	357	43	..	2	2	...
Baptist Memorial Hospital [1-3]	Memphis	J. E. Whitelcather	Roent.	13,930	2,570	1,285	123	1	3	3	75
John Gaston Hospital [1-3]	Memphis	D. S. Carroll	Rad.	35,672	2,183	380	74	1	4	3	35
Methodist Hospital [1]	Memphis	J. C. King	Roent.	1,421	...	...	...	..	6	3	75
George W. Hubbard Hospital of Meharry Medical College [1-3]	Nashville, Tenn.	G. J. Tarleton	Rad.	5,876	1,172	202	24	1	2	3	125
Vanderbilt University Hospital [1-3]	Nashville, Tenn.	C. C. McClure	Rad.	19,749	3,010	203	79	..	..	3	50
Baylor University Hospital [1-3]	Dallas, Texas	J. E. Miller	Rad.	17,595	...	...	103	1	3	3	75
Methodist Hospital [1]	Dallas, Texas	R. H. Millwee	D.R.	9,013	...	45	5	1	1	1	100
Parkland Hospital [1-3]	Dallas, Texas	R. Clayton	Rad.	26,957	1,800	155	113	1	3	3	50
St. Paul's Hospital [1-3]	Dallas, Texas	G. D. Carlson	Roent.	5,691	1,181	...	...	1	1	1	100
University of Texas Medical Branch Hospitals [1-3,10]	Galveston, Texas	J. C. Rude	Rad.	60,746	5,294	580	70	3	7	3	50
Hermann Hospital [1-3]	Houston, Texas	L. M. Vaughan	Rad.	30,728	4,228	442	47	2	2	3	75
M. D. Anderson Hospital for Cancer Research [1-3]	Houston, Texas	G. Fletcher	Rad.	5,275	13,490	4,029	302	2	6	3	150
Methodist Hospital [1-3]	Houston, Texas	C. H. Burge	Roent.	6,871	1,017	100	12	..	1	1	185
St. Joseph's Infirmary [1]	Houston, Texas	P. E. Wigby	Rad.	18,566	3,150	100	53	1	3	3	150
Santa Rosa Hospital [1]	San Antonio, Texas	F. E. O'Neill A. Haggard	D.R.	39,257	1,482	...	19	1	1	1	150
Scott and White Memorial Hospitals [1-3]	Temple, Texas	C. A. Stevenson	Rad.	49,039	5,985	745	...	2	6	3	200

Numerical and other references will be found on page 363.

25. RADIOLOGY—Continued

Name of Hospital	Location	Chief of Service	Type of Training	Number of X-Ray Examinations	Number of Deep X-Ray Treatments	Number of Superficial X-Ray Treatments	Number of Radium Treatments	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
Wichita Falls Clinic-Hospital	Wichita Falls, Texas	C. D. Wilson	Roent.	12,425	1,454	3,149	22	1	1	1	300
University of Utah Affiliated Hospitals			Rad	...	...	...	...	..	..	3	...
Dr. W. H. Groves Latter-Day Saints Hospital [1-2]	Salt Lake City	E. R. Crowder	.....	8,345	522	27	84	1	3	..	160
Holy Cross Hospital [1-2]	Salt Lake City	R. R. Meyer	.....	6,589	799	...	...	1	3	..	175
St. Mark's Hospital [1-2]	Salt Lake City		.....	3,919	201	...	39	..	..	..	...
Salt Lake County General Hospital [1-2]	Salt Lake City	H. P. Plenk	.....	14,451	4,545	728	39	1	3	..	100
Veterans Admin. Hospital [2]	Salt Lake City		.....	12,659	1,374	...	...	..	..	..	...
Bishop DeGoesbriand Hospital [1-2]	Burlington, Vt	F. W. VanBuskirk	Roent.	8,946	1,021	25	...	..	1	1	100
Mary Fletcher Hospital [1-2]	Burlington, Vt	O. S. Peterson A. B. Soule, Jr.	Rad.	12,802	3,063	62	92	1	3	3	75
University of Virginia Hospital [1-2]	Charlottesville, Va	V. W. Archer	Roent.	34,950	...	...	112	2	6	3	50
De Paul Hospital [1-2]	Norfolk, Va	J. Foster	Roent.	9,221	...	...	20	1	1	1	...
Norfolk General Hospital [1-2]	Norfolk, Va	P. B. Parsons J. L. Frank	Rad.	16,068	5,656	628	305	2	4	3	125
Medical College of Virginia—Hospital Division [1-2, 157, 158]	Richmond, Va	F. B. Manderville	Rad.	31,138	5,905	311	205	2	5	3	50
Swedish Hospital [1]	Seattle, Wash	S. T. Cantril	Ther.								
			Rad.	1,217	2,740	5,272	165	1	1	3	125
Virginia Mason Hospital [1-2]	Seattle, Wash	T. Carlile	Rad.	22,193	1,737	1,843	40	1	2	2	100
Sacred Heart Hospital [1-2]	Spokane, Wash	M. T. Harris	Rad.	8,471	611	45	48	1	2	2	150
Methodist Hospital [1-2]	Madison, Wis	W. L. Waskow	Roent.	10,701	1,716	175	132	1	1	1	125
St. Mary's Hospital [1-2]	Madison, Wis	C. F. Sherman	Roent.	8,792	1,592	...	10	1	1	1	150
University Hospitals State of Wisconsin General Hospital [1-2]	Madison, Wis	L. W. Paul E. A. Pohle	Rad.	41,718	8,357	518	148	2	6	3	50
St. Joseph's Hospital [1]	Marshfield, Wis	J. M. Wickham	Rad.	2,918	520	150	60	1	3	3	300
Columbia Hospital [1-2]	Milwaukee	S. A. Morton	Rad.	41,000	3,500	500	77	..	1	3	125
Evangelical Deaconess Hospital [1-2]	Milwaukee	A Melamed	Roent.	14,817	2,068	132	7	1	1	1	...
Milwaukee County Hospital [1]	Milwaukee	J. L. Marks	Rad.	47,986	6,508	250	15	1	3	1	100.60
Milwaukee Hospital [1-2]	Milwaukee	H. Hefke	Rad.	24,959	8,634	...	140	1	1	3	135
St. Joseph Hospital	Milwaukee	G. W. Sen-piel	Roent.	36,407	3,490	...	33	1	3	3	110
Gorgas Hospital [3]	Ancon, C. Z	A. Chartock	D.R.	23,135	636	1,818	...	1	1	2	282.50
Queen's Hospital [1]	Honolulu, T. H	L. Buzaid	Roent.	8,904	2,866	...	13	1	1	3	...
San Juan City Hospital [1-2]	San Juan, P. R	J. L. Becerra	Roent.	8,412	400	525	5	1	1	2	150

26. SURGERY

The following services have been approved for four years of training by the Council, the American Board of Surgery and the American College of Surgeons through the Conference Committee on Graduate Training in Surgery. (See also additional lists of approved services, pp. 356-358.)

Hospitals, 225; Assistant Residencies and Residencies, 2,573

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Months)
FEDERAL									
UNITED STATES ARMY									
Letterman Army Hospital	San Francisco, Calif	W. A. Todd	1,461	3,239	19	16	..	..	...
Fitzsimons Army Hospital	Denver	J. H. Forsee	1,109	2,739	37	32	..	..	...
Army Medical Center [12]	Washington, D. C	S. F. Seeley	1,417	9,917	19	17	3	11	...
Brooke Army Medical Center [3, 157]	San Antonio, Texas	J. R. Shaeffer	4,580	6,170	62	56	..	..	...
UNITED STATES NAVY									
U. S. Naval Hospital [1]	Oakland, Calif	E. H. Dickinson	3,306	3,699	35	20	..	..	...
U. S. Naval Hospital	San Diego, Calif	T. G. Hays	6,864	10,289	57	56	..	..	...
U. S. Naval Hospital [1-2]	Bethesda, Md	R. B. Brown	1,065	2,828	10	8	..	8	...
U. S. Naval Hospital [1]	Chelsea, Mass	G. A. Gray E. S. Lowe	2,640	1,992	13	9	2	4	...
U. S. Naval Hospital [1]	St. Albans, N. Y	C. F. Storey	2,005	2,302	7	4	..	..	...
U. S. Naval Hospital	Philadelphia	L. G. Bell	3,289	7,044	74	27	..	..	...
FEDERAL SECURITY AGENCY									
Freedmen's Hospital [1-2]	Washington, D. C	J. R. Laurey	971	5,644	74	26	3	11	...
UNITED STATES PUBLIC HEALTH SERVICE									
U. S. Public Health Service Hospital [1-2]	San Francisco	M. B. Noyes	2,998	13,228	35	25	1	4	...
VETERANS ADMINISTRATION									
Veterans Admin. Hospital [1-2]	Long Beach, Calif	J. A. Weinberg	2,009	5,318	49	41	12	12	...
Veterans Admin. Hospital [1-2]	Los Angeles	J. M. Beal	2,833	3,666	47	41	6	21	...
Veterans Admin. Hospital [1]	San Francisco	L. G. Brizzolara	1,543	2,127	36	28	4	11	...
Veterans Admin. Hospital [1-2]	Denver	F. M. Ireland	577	...	19	19	4	13	...
Veterans Admin. Hospital [1-2]	Newington, Conn	A. Hurwitz	1,357	5,382	34	27	10	18	...
Veterans Admin. Hospital [1-2]	Washington, D. C	J. G. Lee	1,157	853	51	40	1	6	...
Veterans Admin. Hospital [1]	Hines, Ill	C. B. Puestow	5,216	...	124	69	52	52	...
Veterans Admin. Hospital [1-2]	Indianapolis	H. L. Egbert	1,956	...	77	52	11	33	...
Veterans Admin. Hospital [1-2]	Des Moines, Iowa	L. T. Palumbo	2,940	2,119	58	43	..	17	...
Veterans Admin. Hospital [1-2]	Wadsworth, Kan	W. I. Hinkle	1,401	...	101	83	4	11	...
Veterans Admin. Hospital [1-2]	Louisville, Ky	J. Hamilton	1,154	2,753	62	46	6	16	...
Veterans Admin. Hospital [1]	New Orleans, La	L. K. Richardson	1,634	1,580	65	48	4	10	...
Veterans Admin. Hospital [1-2]	Fort Howard, Md	J. M. Miller	1,157	830	27	18	2	8	...
Veterans Admin. Hospital [1]	Perry Point, Md	R. T. Shackelford	1,136	346	25	17	1	4	...
Veterans Admin. Hospital [1-2]	Boston (West Roxbury)	D. V. Baker, Jr	2,205	6,744	48	40	4	11	...
Veterans Admin. Hospital [1-2]	Framingham, Mass	H. H. Faxon	1,368	1,618	19	15	6	14	...
Veterans Admin. Hospital [1]	Dearborn, Mich	C. G. Johnston	2,121	5,042	119	70	..	21	...
Veterans Admin. Hospital [1-2]	Minneapolis	L. J. Hay	2,212	1,500	60	47	20	20	...
Veterans Admin. Hospital [1]	Jefferson Barracks, Mo	K. B. Coldwater	1,954	...	57	32	4	16	...
Veterans Admin. Hospital [1]	Omaha, Neb	W. P. Kleitsch	1,425	...	38	32	2	8	...
Veterans Admin. Hospital [1-2]	Brooklyn	R. Friedlander	2,194	1,342	40	18	6	22	...
Veterans Admin. Hospital [1-2]	Buffalo	J. D. MacCallum	1,978	...	60	42	..	10	...
Veterans Admin. Hospital [1-2]	New York City	P. K. Sauer	2,436	1,672	85	62	4	16	...
Veterans Admin. Hospital [1-2]	Cleveland	C. L. Cogbill	1,980	1,326	56	33	8	16	...

Numerical and other references will be found on page 383.

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26. SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [4]	Total Residencies Offered [4]	Beginning Stipend (Monthly)
Veterans Admin. Hospital	Dayton, Ohio	L. P. Alt	2,663	609	145	84	3	15	...
Veterans Admin. Hospital [1]	Oklahoma City	F. A. Quaner	1,222	...	35	23	3	7	...
Veterans Admin. Hospital [1-2]	Portland, Ore.	R. A. Wise	1,660	...	6	6	4	16	...
Veterans Admin. Hospital [1]	Aspinwall, Pa.	L. J. Fronduti	927	...	40	23	4	15	...
Veterans Admin. Hospital [1]	Memphis, Tenn.	R. F. Bowers	3,836	1,502	58	42	8	20	...
Veterans Admin. Hospital [1]	Nashville, Tenn.	J. A. Kirtley, Jr.	4,017	...	76	55	7	18	...
Veterans Admin. Hospital [1-2]	Dallas, Texas	W. H. Pickett	1,280	...	56	45	3	8	...
Veterans Admin. Hospital [1-2]	Houston, Texas	J. P. Heaney	840	...	10	10	6	15	...
Veterans Admin. Hospital [1-2]	McKinney, Texas	J. P. North	1,486	...	36	31	6	13	...
Veterans Admin. Hospital [1]	Salt Lake City	J. A. Gubler	1,224	2,238	32	31	3	9	...
Veterans Admin. Hospital [1]	White River Jct., Vt.	W. B. Crandell	3,295	19,280	34	31	5	17	...
Veterans Admin. Hospital [1]	Richmond, Va.	R. F. MacDonald	1,467	873	26	15	2	8	...
Veterans Admin. Hospital [1]	Seattle, Wash.	J. T. Payne	825	...	41	35	5	10	...
Veterans Admin. Hospital [1-2]	Milwaukee	F. Raine	1,645	2,028	66	48	12	12	...
		NONFEDERAL							
Jefferson-Hillman Hospital [1-2]	Birmingham, Ala.	C. Lyons	2,732	10,551	95	35	3	8	50
Lloyd Noland Hospital [1-2]	Fairfield, Ala.	R. A. Hamrick	1,355	14,397	21	8	2	5	225
University Hospital [1]	Little Rock, Ark.	J. W. Growden	916	10,807	33	18	2	13	180
Los Angeles County Hospital [1-2]	Los Angeles	L. Alessio	4,237	13,551	216	121	5	12	173
Highland-Alameda County Hospital [1-2]	Oakland, Calif.	T. C. Lawson	1,707	5,632	110	28	6	9	170
Permanente Hospital [1-2]	Oakland, Calif.	A. L. Baritell	2,334	20,384	48	25	4	8	175
Franklin Hospital [1-2]	San Francisco	T. F. Mullen	1,517	3,380	20	15	3	7	165
Mount Zion Hospital [1-2]	San Francisco	F. I. Harris	3,848	10,570	46	31	2	8	75
San Francisco Hospital [1-2]	San Francisco	L. Goldman C. Mathewson	1,556	...	66	22	3	7	175
Stanford University Hospitals [1-2]	San Francisco	E. F. Holman	2,230	12,115	57	43	4	9	50
University of California Hospital [1-2]	San Francisco	H. G. Bell	1,469	8,433	34	20	..	9	78.75
Santa Barbara Cottage Hospital [1-2]	Santa Barbara, Calif.	D. L. Reeves	3,380	1,796	50	28	4	9	160
University of Colorado Medical Center Colorado General Hospital [1-2]	Denver	H. Swan	854	6,046	40	40	2	9	150
Denver General Hospital [1-2-25]	Denver	G. D. Ellis	1,847	6,074	161	90	2	5	137
Hartford Hospital [1-2]	Hartford, Conn.	W. A. Standish	5,336	523	81	55	4	11	50
New Britain General Hospital [1-2]	New Britain, Conn.	B. B. Clark	4,938	...	69	35	1	4	120
Grace-New Haven Community Hospital New Haven Unit (University Service) [1-2]	New Haven, Conn.	G. E. Lindskog	3,225	12,891	78	40	3	11	40
Delaware Hospital [1-2]	Wilmington, Del.	L. J. Jones	4,286	6,708	101	69	2	5	130
Central Dispensary and Emergency Hospital [1-2]	Washington, D. C.	J. H. Lyons	1,754	4,027	25	13	3	8	225
Gallinger Municipal Hospital [1-2]	Washington, D. C.	R. Coffey B. Harrell	1,349	8,147	92	35	2	8	100
Georgetown University Hospital [1-2-22-25-100]	Washington, D. C.	R. J. Coffey	3,905	5,230	98	52	8	24	25
George Washington University Hospital [1-2]	Washington, D. C.	B. Blades	4,815	4,380	41	36	4	10	130
Providence Hospital [1-2]	Washington, D. C.	L. B. Gaffney	3,542	6,815	80	36	1	4	150
Grady Memorial Hospital [1]	Atlanta, Ga.	A. J. Ferguson	4,015	61,601	219	72	12	28	70
Piedmont Hospital [1]	Atlanta, Ga.	F. W. McRae	2,834	...	15	5	1	3	160
University Hospital [1-2]	Augusta, Ga.	J. H. Sherman	3,523	3,235	60	16	2	8	...
Cook County Hospital [1-2]	Chicago	K. A. Meyer	10,942	12,666	801	106	24	24	50
Mercy Hospital [1-2]	Chicago	H. A. Oberhelman	1,516	3,598	78	33	3	7	25
Michael Reese Hospital [1-2]	Chicago	N. N. Crohn	2,432	4,545	38	14	3	8	25
Mount Sinai Hospital [1-2]	Chicago	J. T. Gault	3,634	11,176	69	32	1	4	50
Passavant Memorial Hospital [1-2]	Chicago	L. Davis	1,831	15,048	20	13	2	5	50
Presbyterian Hospital [1-2]	Chicago	E. M. Miller	2,514	5,902	52	38	8	16	50
Research and Educational Hospitals [1-2]	Chicago	W. H. Cole	780	12,086	22	19	4	12	60
St. Luke's Hospital [1-2]	Chicago	G. de Takats	2,900	1,602	73	43	4	10	50
University of Chicago Clinics [1-2]	Chicago	L. R. Dragstedt	2,187	17,334	66	48	..	8	25
Wesley Memorial Hospital [1-2]	Chicago	W. G. Maddock	2,256	...	11	4	3	11	50
Indianapolis General Hospital [1]	Indianapolis	P. W. Taylor	4,460	5,531	60	30	2	8	100
Indiana University Medical Center [1]	Indianapolis	H. Schumacker	1,203	4,960	55	38	4	12	150
University Hospitals [1-2]	Iowa City	R. T. Tidrick	2,710	3,358	133	103	5	19	50
University of Kansas Medical Center [1-2]	Kansas City, Kan.	P. Schafer	1,222	3,468	81	59	3	8	125
Louisville General Hospital [1-2]	Louisville	R. A. Griswold	1,358	15,425	107	34	6	20	55
St. Joseph Infirmary [1-2]	Louisville	C. Maguire	6,150	318	90	29	3	6	150
Charity Hospital of Louisiana Independent Unit [1-2]	New Orleans	L. J. O'Neil	1,645	14,447	83	30	2	7	25
Louisiana State University Unit [1-2]	New Orleans	J. D. Rives	2,599	20,127	146	68	3	11	25
Tulane University Unit [1-2]	New Orleans	E. S. Orbison	1,499	20,513	123	58	3	11	25
Shreveport Charity Hospital [1]	Shreveport, La.	P. D. Abramson	2,288	3,855	85	28	4	14	60
Maine General Hospital [1-2]	Portland, Me.	I. M. Webber	1,750	15,321	52	30	2	8	100
Baltimore City Hospitals [1-2]	Baltimore	O. C. Brantigan	2,520	16,362	151	119	2	8	15
Church Home and Hospital [1-2]	Baltimore	S. Cullen C. R. Edwards	3,607	1,425	53	25	2	7	85
Franklin Square Hospital [1-2]	Baltimore	H. E. Wilcis	2,254	4,619	24	7	2	6	100
Johns Hopkins Hospital [1-2]	Baltimore	A. Blalock	3,725	54,704	121	77	..	11	...
Mercy Hospital [1-2]	Baltimore	W. D. Wise	2,809	5,974	87	35	2	6	125
Sinai Hospital [1-2]	Baltimore	H. M. Kern	2,575	3,683	58	32	3	7	85
Union Memorial Hospital [1-2]	Baltimore	J. M. T. Finney, Jr.	4,958	4,318	99	36	4	9	40
University Hospital [1-2]	Baltimore	C. R. Edwards	2,513	11,753	71	22	6	16	25
Beth Israel Hospital [1-2]	Boston	J. Fine	2,701	6,199	99	34	4	13	41
Boston City Hospital [1-2-21] I—Surgical Service	Boston			60,630	...	...	..	...	...
II—Surgical Service	Boston	A. J. A. Campbell	2,216	...	106	25	4	12	112
III—Surgical Service	Boston	E. E. O'Neil	1,870	...	116	23	4	12	112
V—Surgical Service	Boston	C. C. Lund	1,719	...	120	38	4	12	112
Massachusetts General Hospital [1-2]	Boston	E. D. Churchill	6,269	10,975	190	121	8	24	66.67
Massachusetts Memorial Hospitals [1-2]	Boston	R. H. Smithwick	1,605	4,421	50	41	3	19	25
New England Center Hospital [1-2-23]	Boston	C. S. Welch	872	...	18	11	..	14	...
Peter Bent Brigham Hospital [1-2]	Boston	F. D. Moore	2,879	22,263	102	75	6	18	...
St. Vincent Hospital [2]	Worcester, Mass.	J. C. McCann	2,651	...	65	25	3	7	166
St. Joseph's Mercy Hospital [1-2]	Ann Arbor, Mich.	H. Beebe	1,206	136	14	9	4	7	...
University Hospital [1]	Ann Arbor, Mich.	F. A. Coller	2,985	13,225	114	102	14	32	134.16
City of Detroit Receiving Hospital [1-2]	Detroit	C. Johnston	3,751	16,389	131	112	6	15	233.25
Grace Hospital [1-2]	Detroit	R. P. Reynolds	9,864	3,692	228	86	4	12	225
Harper Hospital [1]	Detroit	E. A. Oshis	3,784	2,873	78	24	7	19	205
Henry Ford Hospital [1-2]	Detroit	L. S. Faillis	8,842	139,100	155	90	14	33	225
Wayne County General Hospital and Infirmary [1-2]	Eloise, Mich.	W. L. Sherman	3,382	6,179	324	84	5	11	269.66
Hurley Hospital [1-2]	Flint, Mich.	A. H. Kretchmar	2,256	...	36	18	2	6	300
Butterworth Hospital [1-2]	Grand Rapids, Mich.	M. B. Tidey	3,042	221	51	29	2	5	125

Numerical and other references will be found on page 363.

26. SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
Highland Park General Hospital [1]	Highland Park, Mich.	W. McClure	1,476	...	17	11	2	4	217
Minneapolis General Hospital [1-3]	Minneapolis	A. A. Zierold	958	5,791	82	44	4	10	156
University of Minnesota Hospitals [1-3]	Minneapolis	O. H. Wangensteen	1,911	7,159	109	82	9	29	142.50
Mayo Foundation and Clinic [1-3]	Rochester, Minn.						..	..	
Ancker Hospital [1-3]	St. Paul, Minn.	E. M. Jones	1,614	8,876	130	90	2	8	156
Barnes Hospital [2]	St. Louis	C. A. Moyer	2,461	11,306	81	57	5	20	25
Homer G. Phillips Hospital [1-3]	St. Louis	R. Elman	2,547	8,756	190	43	10	21	132.80
Jewish Hospital [1-3]	St. Louis	J. G. Probstein	3,439	3,486	64	29	2	5	100
Missouri Pacific Hospital [2]	St. Louis	R. A. Weir	4,958	25,712	43	17	4	8	125
St. Louis City Hospital [1-3]	St. Louis		3,332	11,650	295	87	4	15	132.80
St. Mary's Group of Hospitals [1-3]	St. Louis	C. R. Hanlon	2,861	7,063	78	42	3	12	65
University of Nebraska Hospital [1-2,72]	Omaha, Neb.	H. H. Davis	722	2,185	23	21	3	9	175
Newark Beth Israel Hospital [1-3]	Newark, N. J.	M. Singer	4,633	11,158	97	46	1	3	...
Albany Hospital [1-3]	Albany, N. Y.	E. H. Campbell	2,934	1,778	86	38	4	8	110
Brooklyn Hospital [1-3]	Brooklyn	W. H. Field	2,841	6,547	58	27	4	8	75
Coney Island Hospital [1-3]	Brooklyn	J. E. Hammett	2,345	23,274	86	38	2	7	90
Cumberland Hospital [1-3]	Brooklyn	J. J. Gainey	2,859	18,130	100	23	6	9	90
Jewish Hospital [1-3]	Brooklyn	L. Berger	3,650	8,708	74	18	5	8	50
Kings County Hospital [1-3]	Brooklyn	J. Rayerofft							
		C. Dennis	11,631	43,963	658	155	4	12	90
Long Island College Hospital [1-3]	Brooklyn	E. J. Browder	2,744	8,179	68	22	2	6	25
Malmonides Hospital [1-3]	Brooklyn	C. B. Ripstein	2,436	13,389	79	37	4	10	35
Wyckoff Heights Hospital [1-3]	Brooklyn	F. A. Zoller	1,650	2,667	66	24	3	9	100
Buffalo General Hospital [1-3]	Buffalo	J. R. Paine	2,862	2,895	81	39	..	7	125
Edward J. Meyer Memorial Hospital [1-2]	Buffalo	J. D. Stewart	1,516	3,400	145	69	4	11	179
Millard Fillmore Hospital [1-3]	Buffalo	H. N. Kenwell	4,667	...	64	35	2	5	150
Sisters of Charity Hospital [1-3]	Buffalo	J. Brady	8,486	8,228	278	62	2	6	150
Mary Imogene Bassett Hospital [1-3]	Cooperstown, N. Y.	M. A. McIver	959	8,216	12	8	1	2	83.33
Meadowbrook Hospital [1-3]	Hempstead, N. Y.	A. S. Warinner	1,461	...	94	61	6	12	200
Queens General Hospital [1-3]	Jamaica, N. Y.	C. L. Davidson	2,762	24,115	381	145	2	6	90
Nassau Hospital [1-3]	Mineola, N. Y.	O. C. Hudson	2,878	...	62	27	1	3	...
Bellevue Hospital Center									
Division I—Columbia University [1-3]	New York City	F. B. Berry	1,703	11,053	87	28	9	18	90
Division II—Cornell University [1-3]	New York City	C. W. Holman	1,920	10,774	93	30	4	12	90
Division III—New York University College of Medicine [1-3]	New York City	J. Mulholland	2,413	7,453	143	40	4	12	80
Division IV—New York University Post-Graduate Medical School [1-2,74]	New York City	J. W. Hinton	1,736	10,361	79	27	11	45	90
Beth Israel Hospital [1-3]	New York City	L. Ginzburg	1,896	2,412	39	11	2	4	60
Flower and Fifth Avenue Hospitals [1-3]	New York City	J. M. Winfield	1,915	4,864	36	12	7	7	...
Goldwater Memorial Hospital [1-3]	New York City								
III—Surgical Division		B. Shafiroff	594	903	76	10	1	4	90
Harlem Hospital [1-3]	New York City	L. T. Wright	1,774	26,117	133	27	5	14	90
Metropolitan Hospital [1-3]	New York City	J. Winfield	2,033	10,230	105	19	2	4	90
Montefiore Hospital [1-3]	New York City	E. S. Hurwitt	1,908	3,300	80	33	3	8	60
Mount Sinai Hospital [1-3]	New York City	R. Colp							
		J. H. Garlock	3,631	10,480	113	54	15	18	50
New York Hospital [1-3,77]	New York City	F. Glenn	4,933	89,214	110	64	17	23	25
New York Polyclinic Medical School and Hospital [1-3]	New York City	R. E. Brennan	3,172	3,706	47	24	3	12	75
New York University—Bellevue Medical Center (See Bellevue Hospital Center, Divisions III and IV; Goldwater Memorial Hospital)									
University Hospital [1-3]	New York City	J. W. Hinton	4,539	18,933	94	35	11	45	90
Presbyterian Hospital [1-3]	New York City	G. H. Humphreys	3,066	45,861	107	50	5	29	208.33
Roosevelt Hospital [1-3]	New York City	H. H. Cane	3,914	7,800	123	29	6	18	...
St. Luke's Hospital [1-3]	New York City	W. F. MacFee	4,150	15,022	83	33	4	10	60
St. Vincent's Hospital [1-3]	New York City	L. M. Rousselot	3,926	12,913	138	76	8	15	50
Genesee Hospital [1-3]	Rochester, N. Y.	S. J. Stabins	2,084	2,407	46	34	2	7	70
Strong Memorial—Rochester Municipal Hospital [1-3]	Rochester, N. Y.	J. J. Morton	2,412	11,368	151	114	9	30	41.66
State University of New York Medical Center [1-3]	Syracuse, N. Y.	A. B. Raffi	8,093	4,372	174	70	6	14	125
White Plains Hospital [1-3]	White Plains, N. Y.	E. G. Ramsdell	3,140	1,046	59	24	2	2	125
Duke Hospital [1-3]	Durham, N. C.	D. Hart	2,045	9,495	23	12	11	22	41.66
North Carolina Baptist Hospital [1]	Winston-Salem, N. C.	H. H. Bradshaw	1,579	7,948	42	28	3	12	41.66
City Hospital [1-3]	Akron, Ohio	S. Schlueter	2,168	932	66	29	5	11	200
Peoples Hospital [1]	Akron, Ohio	R. E. Brubaker	1,561	988	27	16	3	10	225
Mercy Hospital [1-3]	Canton, Ohio	A. W. Warren	4,014	198	80	30	4	10	200
Cincinnati General Hospital [1-3]	Cincinnati	R. N. Carter	3,509	28,067	230	103	5	18	...
City Hospital [1-3]	Cleveland	F. A. Simeone	2,442	14,969	103	74	8	20	84
Cleveland Clinic Hospital [1-3]	Cleveland	R. S. Dinsmore	2,600	23,052	34	27	10	22	150
Lutheran Hospital [1-3]	Cleveland	J. H. Lazzari	3,803	...	85	42	2	5	162.50
Mount Sinai Hospital [1-3]	Cleveland	S. O. Freedlander	2,237	3,143	43	22	4	10	215
St. Alexis Hospital [1-3]	Cleveland	C. Lulenski	5,700	1,401	113	30	2	6	150
St. John's Hospital [1-3]	Cleveland	F. T. Gallagher	2,355	195	59	14	4	8	135
St. Luke's Hospital [1-3]	Cleveland	D. M. Glover	4,148	2,651	109	48	2	5	100
St. Vincent Charity Hospital [1]	Cleveland	E. P. Neary	1,808	11,287	31	9	4	12	160
University Hospital [1-3]	Cleveland	W. D. Hobler	4,647	10,423	116	82	8	21	25
University Hospitals									
Ohio State University Hospital [1-2,85]	Columbus, Ohio	R. M. Zollinger	1,870	9,956	78	56	8	25	125
St. Elizabeth's Hospital [1-3]	Youngstown, Ohio	J. A. Renner	1,801	334	33	14	6	6	200
Youngstown Hospital [1-3,23]	Youngstown, Ohio	A. E. Brant	9,076	885	139	71	6	13	125
University Hospitals [1-3]	Oklahoma City	L. J. Starry	1,032	5,278	29	13	1	4	75
University of Oregon Medical School Hospitals and Clinics [1-3]	Portland, Ore.	W. K. Livingston	1,402	6,084	88	64	2	8	85
George F. Geisinger Memorial Hospital [1-3]	Danville, Pa.	H. L. Foss	2,171	10,932	45	22	2	6	100
Harrisburg Hospital [1-3]	Harrisburg, Pa.	F. A. Kunkel	3,380	18,332	91	38	1	4	100
Germantown Dispensary and Hospital [1-3]	Philadelphia	S. D. Weeder	1,376	3,041	74	34	1	4	150
Hahnemann Medical College and Hospital [1-3]	Philadelphia	W. L. Martin	3,817	10,955	95	41	2	8	50
Hospital of the University of Pennsylvania [1-2,90]	Philadelphia	I. S. Ravdin	5,423	8,858	76	65	..	21	100
Jefferson Medical College Hospital [2]	Philadelphia	T. A. Shallow							
		J. H. Gibbon, Jr.	3,601	9,304	123	61	..	..	50
Lankenau Hospital [1]	Philadelphia	G. C. Engel							
		J. M. Beaver	2,707	12,595	77	49	3	6	50
Pennsylvania Hospital [1-3]	Philadelphia	J. B. Flick	109	8,818	90	28	3	7	30
Temple University Hospital [1-3]	Philadelphia	W. E. Burnett	2,449	9,500	78	41	4	16	...
Allegheny General Hospital [1-3]	Pittsburgh	H. E. DeWalt	2,507	3,786	96	17	..	2	150
Pittsburgh Medical Center [1-82]	Pittsburgh	S. P. Harbison	1,575	2,379	18	8	4	11	41.66
Western Pennsylvania Hospital [1-3]	Pittsburgh	L. H. Landon	3,159	1,301	117	98	1	6	100
Robert Packer Hospital [1-3]	Sayre, Pa.	D. Guthrie	2,411	4,984	49	35	3	5	150
Rhode Island Hospital [1-3]	Providence, R. I.	J. M. Beardsley	4,617	8,991	154	81	4	8	60

Numerical and other references will be found on page 361.

26. SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Monthly)
Roper Hospital [1-3]	Charleston, S. C.	F. E. Kredel	2,110	6,074	45	28	3	6	50
Baptist Memorial Hospital [1-3]	Memphis, Tenn.	R. L. Sanders	3,884	1,097	65	28	1	4	75
John Gaston Hospital [1-3]	Memphis, Tenn.	H. Wilson	2,547	14,459	78	32	2	7	35
George W. Hubbard Hospital of Meharry Medical College [1-3]	Nashville, Tenn.	M. Walker	1,491	5,275	38	18	2	8	75
St. Thomas Hospital	Nashville, Tenn.	L. W. Edwards	3,872	...	77	19	2	11	300
Vanderbilt University Hospital [1-3]	Nashville, Tenn.	B. Brooks	3,547	13,609	71	31	..	..	50
Parkland Hospital [1-3]	Dallas, Texas	F. C. Selecman	1,393	10,578	80	35	5	12	50
University of Texas Medical Branch Hospital [1-3,99]	Galveston, Texas	R. M. Moore	1,394	7,216	40	26	4	12	75
Jefferson Davis Hospital [1-3]	Houston, Texas	M. D. DeBakey	1,671	17,519	96	41	4	14	75
Salt Lake County General Hospital [1-3]	Salt Lake City	P. D. Price	838	2,602	63	30	3	9	100
University of Virginia Hospital [1-3]	Charlottesville, Va.	E. P. Lehman	2,833	17,871	71	50	7	16	50
Chesapeake and Ohio Hospital [1-3]	Clifton Forge, Va.	J. M. Emmett	3,436	9,620	29	15	2	8	150
Norfolk General Hospital [1-3]	Norfolk, Va.	R. L. Payne, Sr.	1,981	...	34	22	4	8	125
Medical College of Virginia—Hospital Division [1-3]	Richmond, Va.	I. A. Bigger	4,409	6,664	121	40	9	22	50
King County Hospital, Unit No. 1 (Harborview) [1-3]	Seattle, Wash.	H. N. Harkins	2,191	8,426	75	46	5	11	100
Virginia Mason Hospital [1-3]	Seattle, Wash.	J. W. Baker	2,902	25,515	78	53	2	8	100
University Hospitals State of Wisconsin General Hospital [1-3]	Madison, Wis.	E. R. Schmidt	2,186	10,932	70	51	4	14	50
Milwaukee County Hospital [1]	Milwaukee	C. F. Conroy	2,097	9,774	103	51	4	12	100-60
Milwaukee Hospital [1-3]	Milwaukee	C. S. Rife	1,341	...	22	13	1	3	135
Mt. Sinai Hospital [1]	Milwaukee	D. V. Elconin	1,659	375	35	13	1	3	200

The following services have been approved for three years of training by the Council, the American Board of Surgery and the American College of Surgeons through the Conference Committee on Graduate Training in Surgery. (See also additional lists of approved services, pp. 358-358.)

Hospitals, 251; Assistant Residencies and Residencies, 1,432

FEDERAL

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Monthly)
UNITED STATES ARMY									
Tripler Army Hospital	Honolulu, T. H.	D. M. Walker	12,863	55,086	59	55	..	..	...
UNITED STATES NAVY									
U. S. Naval Hospital [1-3]	Portsmouth, Va.	...	...	...	..	..	..	..	...
UNITED STATES PUBLIC HEALTH SERVICE									
U. S. Public Health Service Hospital [1]	New Orleans	O. C. Williams	2,372	4,132	27	15	1	3	...
U. S. Public Health Service Hospital [1]	Baltimore	H. D. Fishburn	4,036	23,784	90	83	2	6	...
U. S. Public Health Service Hospital	Boston	T. S. McGowan	2,315	10,318	31	16	1	4	...
U. S. Public Health Service Hospital [1-3]	Staten Island, N. Y.	J. D. Lane, Jr.	6,733	28,376	75	44	2	10	...
U. S. Public Health Service Hospital [1-3]	Seattle, Wash.	P. E. Walker	1,077	5,823	19	16	1	4	...
VETERANS ADMINISTRATION									
Veterans Admin. Hospital [1]	Tuskegee, Ala.	A. G. Yancey	1,698	200	42	24	3	9	...
Veterans Admin. Hospital [1]	Little Rock, Ark.	G. W. Jones	2,260	...	44	30	4	4	...
Veterans Admin. Hospital [1]	Coral Gables, Fla.	M. H. Todd	2,009	2,048	49	41	6	12	...
Veterans Admin. Hospital	Augusta, Ga.	...	...	...	..	..	..	..	...
Veterans Admin. Hospital [1]	Chamblee, Ga.	H. D. Smith	1,779	1,189	82	67	8	15	...
Veterans Admin. Hospital [1-3]	Wichita, Kan.	C. A. Hirelins	1,917	...	27	24	2	8	...
Veterans Admin. Hospital [1]	Lincoln, Neb.	R. R. Waldo	694	420	16	14	2	6	...
Veterans Admin. Hospital [1]	Albuquerque, N. M.	R. I. Carlson	1,749	...	21	17	3	9	...
Veterans Admin. Hospital	Columbia, S. C.	K. M. Lippert	977	800	14	13	2	5	...
Veterans Admin. Hospital [1-3]	Martinsburg, W. Va.	R. K. Hollingsworth	1,728	750	26	13	4	7	...
Veterans Admin. Hospital	San Juan, P. R.	...	...	...	..	..	..	..	...

NONFEDERAL

Carraway Methodist Hospital [1]	Birmingham, Ala.	C. N. Carraway B. M. Carraway	2,665	16,202	34	16	2	6	150
San Joaquin General Hospital [1-3]	French Camp, Calif.	W. Brock	2,222	12,878	102	80	3	6	235
General Hospital of Fresno County [1-3]	Fresno, Calif.	H. M. Ginsburg	1,116	5,011	49	27	4	6	230
California Hospital [1-3]	Los Angeles	W. H. Olds	2,809	1,367	34	18	2	6	125
Cedars of Lebanon Hospital [1-3]	Los Angeles	M. Bay S. Herzikoff	2,123	5,291	12	11	4	4	100
Hospital of the Good Samaritan [1-3]	Los Angeles	C. J. Berne	2,205	4,398	21	13	2	6	150
Presbyterian Hospital—Olmsted Memorial [1]	Los Angeles	B. Cotton	4,711	740	244	70	1	3	100
Queen of Angels Hospital [1-3]	Los Angeles	R. B. Stewart	3,880	748	86	42	1	3	125
St. Vincent's Hospital [1]	Los Angeles	F. J. Breslin	5,387	...	30	16	1	3	125
White Memorial Hospital [1-3]	Los Angeles	C. E. Stafford	1,389	5,314	29	14	3	6	132
Mercy Hospital [1-3]	San Diego	J. O'Hara	6,976	802	179	21	2	6	125
San Diego County General Hospital [1-3]	San Diego	A. H. Lorch	996	4,914	77	29	4	7	125
French Hospital [1-3]	San Francisco	W. L. Rogers	2,884	2,759	33	10	2	3	100
St. Joseph's Hospital [1-3]	San Francisco	A. R. Kilgore	2,573	1,116	18	5	3	6	150
St. Mary's Hospital [1-3]	San Francisco	E. Butler	4,009	3,668	37	17	2	5	100
Southern Pacific General Hospital [1-3]	San Francisco	V. M. Strange	1,455	36,103	9	5	4	8	150
Harbor General Hospital [1-3]	Torrance, Calif.	W. P. Longmire, Jr.	1,033	1,887	60	35	3	11	173
Mercy Hospital [1-3]	Denver	F. H. Good	4,394	686	26	8	1	3	150
Presbyterian Hospital [1-3]	Denver	G. B. Kent	4,425	873	36	22	1	3	150
St. Anthony Hospital [1-3]	Denver	K. F. Sunderland	4,782	1,090	33	9	1	3	150
St. Joseph's Hospital [1-3]	Denver	T. W. Halley	2,033	...	28	14	..	2	150
St. Luke's Hospital [1-3]	Denver	W. Lipscomb	1,561	3,000	29	30	1	3	150
Bridgeport Hospital [1-3]	Bridgeport, Conn.	M. L. Cheney	2,380	...	90	36	1	4	125
St. Vincent's Hospital [1]	Bridgeport, Conn.	A. McQueeney	7,094	490	108	27	1	2	150
St. Francis Hospital [1-3]	Hartford, Conn.	B. B. Landry	3,941	980	83	30	1	3	75
Grace-New Haven Community Hospital Grace Unit [1-3]	New Haven, Conn.	L. C. Foster	2,245	946	32	10	1	3	40

Numerical and other references will be found on page 363.

26. SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Monthly)
Hospital of St. Raphael [1-3]	New Haven, Conn.	G. Connor	12,231	1,443	100	34	4	11	75
Waterbury Hospital [1-3]	Waterbury, Conn.	W. E. Wicht	3,867	1,999	83	38	1	4	100
Memorial Hospital [1-3]	Wilmington, Del.	J. C. Pierson	1,753	998	43	15	1	3	175
Doctors Hospital [1-3]	Washington, D. C.	C. S. White	2,869	...	35	23	1	3	200
Garfield Memorial Hospital [1-3]	Washington, D. C.	J. O. Warfield	1,693	2,048	45	31	2	6	160
Duval Medical Center [2]	Jacksonville, Fla.	E. Jelks	1,471	5,939	76	48	2	5	125
St. Luke's Hospital	Jacksonville, Fla.	K. Morris	1,495	5,376	23	5	1	2	140
St. Vincent's Hospital [1-3]	Jacksonville, Fla.	F. Waas	1,752	...	17	8	4	8	160
Jackson Memorial Hospital [1]	Miami, Fla.	W. C. Jones	5,842	15,160	210	120	6	12	75
Crawford W. Long Memorial Hospital [1-3]	Atlanta, Ga.	C. E. Holloway	5,009	363	68	32	4	7	87.50
Georgia Baptist Hospital [1-3]	Atlanta, Ga.	T. G. Davison	1,631	630	20	8	3	6	175
F. [illegible] Hospital [1-3]	Emory University, Ga.	D. C. Elkin	3,529	...	26	12	4	9	50
American Hospital [1-3]	Chicago	M. Thorek	1,411	...	69	19	3	5	50
[illegible] Hospital [1-3]	Chicago	N. M. Percy	4,056	4,550	65	42	4	9	150
Chicago Memorial Hospital [1-3]	Chicago	J. V. Prohaska	1,114	1,830	20	14	1	3	200
Grant Hospital [1-3]	Chicago	P. H. McDaniel	1,590	...	45	34	1	3	150
Illinois Masonic Hospital [1-3]	Chicago	P. Shambaugh	1,446	8,293	45	13	3	6	90
Lutheran Deaconess Home and Hospital [1-3]	Chicago	J. D. Koucky	3,779	...	46	15	1	3	150
Provident Hospital [1-3]	Chicago	E. E. Hasbrouck	1,116	1,818	44	10	1	3	85
St. Elizabeth Hospital	Chicago	M. G. Luken	3,198	750	9	6	1	3	100
St. Joseph Hospital [1-3]	Chicago	H. McKenna	1,940	...	22	5	1	2	125
St. Mary of Nazareth Hospital	Chicago	E. H. Warszewski	4,154	407	44	11	1	3	100
Evanston Hospital [1-3]	Evanston, Ill.	J. M. Dorsey	1,213	2,138	27	24	1	3	50
St. Francis Hospital [1-3]	Evanston, Ill.	J. J. Fabey	4,042	2,518	39	30	2	6	150
West Suburban Hospital	Oak Park, Ill.	H. A. Oberhelman	2,102	2,207	62	23	2	3	150
Methodist Hospital [1-3]	Indianapolis	A. K. Harcourt	3,9 6	...	82	30	4	7	200
St. Vincent's hospital [1]	Indianapolis	W. D. Gatch	3,230	1,829	55	26	1	3	250
St. Elizabeth Hospital [1]	Lafayette, Ind.	D. H. McKinney	3,177	1,729	102	47	1	3	150
Iowa Methodist Hospital [1-3]	Des Moines, Ia.	T. D. Throckmorton	2,160	...	37	24	2	6	150
St. Margaret's Hospital	Kansas City, Kan.	M. V. Lainz	2,769	2,505	8	22	1	3	150
Wesley Hospital [1-3]	Wichita, Kan.	H. S. Bowman	1,420	...	9	..	1	3	150
St. Joseph Hospital [1-3]	Lexington, Ky.	F. W. Rankin	2,908	318	55	28	1	3	120
Ochsner Foundation Hospital [1-3]	New Orleans	A. Ochsner	916	11,592	34	29	6	10	150
Southern Baptist Hospital [1]	New Orleans	H. Mahorner	7,039	...	56	47	1	3	...
Touro Infirmary [1-3]	New Orleans	I. W. Kaplan	3,351	5,651	59	37	2	6	85
Lutheran Hospital [1-3]	Baltimore	W. E. Gilmore	1,344	1,654	33	22	2	5	95
Maryland General Hospital [1-3]	Baltimore	W. M. Firor	3,399	1,472	83	25	3	6	100
Provident Hospital and Free Dispensary [1-3]	Baltimore	S. McLanahan	1,555	537	45	9	2	5	75
St. Agnes Hospital [1-3]	Baltimore	G. A. Stewart	1,732	498	29	7	2	5	125
St. Joseph's Hospital [1-3]	Baltimore	W. R. Geraghty	3,747	5,912	90	16	2	6	125
South Baltimore General Hospital [1-3]	Baltimore	O. S. Lloyd	1,975	3,076	45	13	6	11	125
Beverly Hospital [1-3]	Beverly, Mass.	P. P. Johnson	1,993	7,939	44	32	2	5	100
Boston City Hospital [1-3,22]	Boston								
II—Surgical Service		G. W. Papen	2,202	...	62	6	4	12	112
IV—Surgical Service		J. H. Burnett	1,939	...	111	10	4	12	112
Carney Hospital [1-3]	Boston	A. Mck. Fraser							
		W. E. Browne	1,853	4,988	49	14	3	3	75
Children's Medical Center [1-3]	Boston	R. E. Gross	1,949	5,812	67	..	8	13	41.67
New England Hospital [1-3]	Boston	I. Galleani	1,939	816	17	8	2	4	50
St. Elizabeth's Hospital [1-3]	Boston	J. Spellman	5,845	11,695	84	24	3	6	125
Cambridge City Hospital [1-3]	Cambridge, Mass.	H. Vernaglia	3,271	6,484	56	10	2	3	125
Mount Auburn Hospital [1-3]	Cambridge, Mass.	S. Fraser	2,868	1,444	49	20	1	3	125
Malden Hospital [1-3]	Malden, Mass.	W. E. Garrey	3,918	...	77	27	2	4	100
Newton-Wellesley Hospital [1-3]	Newton Lower Falls, Mass.	R. I. Smith	3,931	1,468	70	28	1	3	125
Springfield Hospital [1-3]	Springfield, Mass.	J. L. Smead	6,137	2,615	102	52	4	11	50
Memorial Hospital [1-3]	Worcester, Mass.	B. C. Wheeler	2,989	595	67	41	1	5	150
Worcester City Hospital [1-3]	Worcester, Mass.	B. Andrews	2,654	2,359	88	33	4	4	100
Leila Y. Post Montgomery Hospital [1]	Battle Creek, Mich.	R. L. Mustard	2,379	6,754	29	17	1	3	200
Alexander Blain Hospital [1-3]	Detroit	W. Blain	1,807	29,598	25	7	10	16	250
Detroit Memorial Hospital [1]	Detroit	J. C. Fremont	5,806	285	4	1	3	5	225
Evangelical Deaconess Hospital [1-3]	Detroit	E. C. Baumgartner	2,215	181	33	6	1	3	200
Jennings Memorial Hospital [1]	Detroit	J. B. Hartzell	1,755	...	7	2	1	3	350
Mt. Carmel Mercy Hospital	Detroit	F. Hicks	9,367	639	85	30	3	9	225
Providence Hospital [1]	Detroit	G. M. O'Brien	5,247	...	18	5	1	3	225
St. Joseph's Mercy Hospital [1]	Detroit	D. J. Leithauser	1,497	273	9	5	1	3	175
Blodgett Memorial Hospital [1-3]	Grand Rapids, Mich.	L. C. Carpenter	1,479	45	38	16	1	3	200
St. Mary's Hospital [1-3]	Grand Rapids, Mich.	H. J. Van Doine	3,755	1,883	58	25	1	3	200
Bronson Methodist Hospital [1-3]	Kalamazoo, Mich.	J. Hubbell	3,276	2,858	61	46	1	3	250
Pontiac General Hospital [1-3]	Pontiac, Mich.	V. C. Abbott	4,121	...	71	28	1	3	225
Saginaw General Hospital [1-3]	Saginaw, Mich.	H. M. Bishop	2,858	2,975	65	38	1	3	200
Northwestern Hospital [1-3]	Minneapolis	E. T. Evans	1,687	...	10	5	1	3	200
St. Barnabas Hospital [1-3]	Minneapolis	D. C. Mackinnon	1,589	...	18	12	1	3	175
Mayo Foundation [1-3]	Rochester, Minn.		...	...	..	..	46	140	150
Charles T. Miller Hospital [1-3]	St. Paul, Minn.	E. M. Jones							
		H. B. Zimmermann	810	4,716	3	3	..	3	115
Lutheran Hospital	Vicksburg, Miss.	W. H. Parsons	1,659	12,015	24	13	1	4	50
Mercy Hospital—Street Memorial [1]	Vicksburg, Miss.	A. Street	2,233	29,306	51	12	1	4	225
St. Louis County Hospital [1-3]	Clayton, Mo.	C. Doyle	655	12,189	51	27	2	6	104
Kansas City General Hospital No. 1	Kansas City, Mo.	H. C. Lapp	1,131	5,909	85	46	2	10	75
Kansas City General Hospital No. 2 [1-3]	Kansas City, Mo.	M. S. Harless	674	4,518	58	15	2	6	...
Research Hospital [1-3]	Kansas City, Mo.	C. J. Hunt	1,107	2,804	6	6	2	6	150
St. Joseph Hospital [1]	Kansas City, Mo.	R. R. Coffey	7,202	1,949	76	44	1	3	150
St. Luke's Hospital [1-3]	Kansas City, Mo.	L. P. Engel	1,552	...	36	25	2	4	150
De Paul Hospital [1-3]	St. Louis	J. W. Thompson	2,208	310	53	28	1	3	150
Missouri Baptist Hospital [1-3]	St. Louis	G. Rendleman	2,034	...	48	15	3	6	150
St. John's Hospital [1]	St. Louis	W. P. Glennon	2,851	712	90	40	1	3	150
St. Luke's Hospital [1-3]	St. Louis	C. E. Lischer	1,166	1,078	44	16	1	3	200
Creighton Memorial—St. Joseph's Hospital [1-3]	Omaha, Neb.	H. H. McCarthy	5,553	6,695	94	37	1	3	100
Atlantic City Hospital [1-3]	Atlantic City, N. J.	D. R. Allman	2,187	27,929	70	18	1	3	150
Cooper Hospital [1-3]	Camden, N. J.	I. E. Deibert	2,411	4,612	98	29	1	3	...
West Jersey Hospital [1-3]	Camden, N. J.	H. W. Jack	1,322	1,085	27	15	1	3	200
Jersey City Medical Center [1-3]	Jersey City, N. J.	E. J. Halligan	6,679	20,179	286	59	8	25	66.66
Mountainside Hospital [1-3]	Montclair, N. J.	R. T. Hobart	4,424	7,623	105	38	1	3	100
Burlington County Hospital [1-3]	Mt. Holly, N. J.	T. J. Summey	1,345	2,169	38	27	1	2	100
Hospital of St. Barnabas and for Women and Children [1-3]	Newark, N. J.	C. Reilly	2,127	2,352	52	21	1	4	100
Newark City Hospital [1-3]	Newark, N. J.	H. A. Schulte	1,852	1,829	134	52	3	9	125

Numerical and other references will be found on page 363.

26. SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [a]	Total Residencies Offered [a]	Beginning Stipend (Monthly)
St. Francis Hospital [1-2]	Trenton, N. J.	S. Sica	5,174	11,819	124	71	2	2	210
Binghamton City Hospital [1-2]	Binghamton, N. Y.	J. J. Brick	3,023	...	76	28	1	3	137
Beth-El Hospital [1-2]	Brooklyn	H. Neuhof	2,279	14,382	65	8	3	6	100
Greenpoint Hospital [1-2]	Brooklyn	S. Schussheim	2,775	18,165	115	30	2	6	90
Methodist Hospital [1-2]	Brooklyn	P. A. Renaud							
		S. G. Clark	2,453	5,564	60	13	2	5	75
Norwegian Lutheran Deaconesses' Home and Hospital [1-2]	Brooklyn	E. K. Johnson	1,540	2,467	39	29	1	3	...
St. Catherine's Hospital [1-2]	Brooklyn	J. L. Pfeifer							
		J. Smith, Jr.	3,662	4,727	40	11	1	4	75
St. John's Episcopal Hospital [1-2]	Brooklyn	M. N. Foote	1,902	6,387	54	25	1	3	115
St. Mary's Hospital [1-2]	Brooklyn	A. J. McGowan	1,970	3,925	57	21	1	3	175
Deaconess Hospital [1-2]	Buffalo	T. T. Jacobs	4,696	1,871	90	35	2	6	150
Clifton Springs Sanitarium and Clinic [1-2]	Clifton Springs, N. Y.	R. M. Price	1,558	7,396	34	16	1	3	100
Flushing Hospital and Dispensary [1-2]	Flushing, N. Y.	C. N. Baker	4,730	15,072	68	34	1	3	100
Jamaica Hospital [1-2]	Jamaica, N. Y.	J. D. Hallinan	3,309	2,734	43	11	1	3	150
Mary Immaculate Hospital [1-2]	Jamaica, N. Y.	F. N. Dealy	1,780	1,514	63	16	2	4	100
Charles S. Wilson Memorial Hospital [1-2]	Johnson City, N. Y.	D. Smith	2,959	...	70	26	3	7	200
Mount Vernon Hospital [1]	Mount Vernon, N. Y.	N. Cornell	3,080	1,382	67	17	1	2	125
New Rochelle Hospital [1]	New Rochelle, N. Y.	G. C. Adie	4,182	3,606	123	46	1	4	125
Beth David Hospital [1-2]	New York City	L. Breidenbach	1,337	...	53	13	3	3	125
Bronx Hospital [1-2]	New York City	H. B. Schoenberg	2,987	4,639	78	16	3	10	50
Fordham Hospital [1-2]	New York City	L. Marton	2,728	17,384	239	40	2	6	90
French Hospital [1-2]	New York City	H. B. Keyes	2,739	5,936	42	26	1	3	40
Knickerbocker Hospital [1-2]	New York City	R. Patterson	2,041	6,464	46	25	1	3	110
Lenox Hill Hospital [1-2]	New York City	C. Pickhardt							
		F. M. Donohue	3,242	4,781	62	18	6	6	50
Lincoln Hospital [1-2]	New York City	F. H. Amendola	3,014	45,096	190	62	6	12	60
Memorial Hospital [1-2]	New York City	H. T. Randall	6,791	73,522	209	91	26	50	90
Morrisania City Hospital [1-2]	New York City	R. J. Azzari	3,311	4,016	...	2	2	6	80
New York City Hospital [1-2]	New York City	J. Kraus	3,254	12,432	203	32	1	3	90
St. Clare's Hospital [1-2]	New York City	J. L. Madden	7,689	7,823	91	37	2	8	50
St. Francis Hospital [1-2]	New York City		...	...	...	...	...	...	...
Highland Hospital [1-2]	Rochester, N. Y.	H. R. Ziegler	3,853	...	35	21	4	7	100
Rochester General Hospital [1-2]	Rochester, N. Y.	W. A. Fenstermacher	5,745	3,332	87	54	10	10	100
St. Mary's Hospital [1-2]	Rochester, N. Y.	N. J. Pfaff	2,425	2,352	13	8	2	6	...
Ellis Hospital [1-2]	Schenectady, N. Y.	S. F. MacMillan	3,106	...	45	23	1	3	100
Grasslands Hospital [1-2]	Valhalla, N. Y.	G. C. Adie	480	2,744	56	36	1	4	167.50
Charlotte Memorial Hospital [1-2]	Charlotte, N. C.	T. D. Sparrow	1,478	8,881	25	20	1	3	150
Lincoln Hospital [1]	Durham, N. C.	H. M. Schiebel	876	1,636	34	9	1	3	125
Watts Hospital [1]	Durham, N. C.	H. M. Schiebel	3,881	13,721	28	11	2	5	75
Rex Hospital [1-2]	Raleigh, N. C.	L. G. Sinclair	2,251	2,751	42	13	1	3	225
City Memorial Hospital [1-2]	Winston-Salem, N. C.	R. T. Odom	2,053	4,371	32	14	2	5	200
Aultman Hospital [1-2]	Canton, Ohio	H. J. Bowman	4,317	257	91	44	5	9	125
Christ Hospital [1]	Cincinnati	E. A. Kindel	2,058	3,150	66	28	2	5	200
Good Samaritan Hospital [1-2]	Cincinnati	L. Johnston	2,608	...	50	27	1	3	155
Jewish Hospital [1-2]	Cincinnati	J. D. Heiman	8,231	2,671	72	33	3	8	120
St. Mary's Hospital [1-2]	Cincinnati	R. D. Mansfield	1,557	1,124	45	18	1	3	200
Mount Carmel Hospital [1-2]	Columbus, Ohio	W. H. Teachnor	3,512	803	83	23	1	3	225
White Cross Hospital [1-2]	Columbus, Ohio	L. C. Roettig	4,412	...	53	23	2	4	275
Miami Valley Hospital [1-2]	Dayton, Ohio	J. M. Shaffer	3,046	2,188	67	59	2	6	125
Huron Road Hospital [1-2]	East Cleveland, Ohio	H. W. Brown	2,649	246	74	30	2	4	210
Lakewood Hospital [1]	Lakewood, Ohio	N. W. Thiessen	2,713	414	54	26	2	6	150
St. Rita's Hospital [1-2]	Lima, Ohio	M. Barone	4,728	583	69	34	1	3	175
Maumee Valley Hospital [1-2]	Toledo, Ohio	W. H. Medley	632	3,368	66	41	2	5	210
Mercy Hospital [1-2]	Toledo, Ohio	E. L. Gaspari	1,859	568	17	9	2	6	150
St. Vincent's Hospital [1-2]	Toledo, Ohio	B. G. Shaffer	2,965	...	76	27	2	5	200
Toledo Hospital [1]	Toledo, Ohio	F. P. Osgood	1,309	137	36	6	3	3	200
St. Anthony Hospital	Oklahoma City	L. J. Starry	4,871	931	118	42	1	3	150
Hillcrest Memorial Hospital [1-2]	Tulsa, Okla.	A. B. Carney	1,554	...	26	14	6	18	150
St. John's Hospital [1]	Tulsa, Okla.	B. H. Blocksom	4,952	...	117	42	1	2	150
Emanuel Hospital [1-2]	Portland, Ore.	F. F. Martinson	3,594	...	40	28	3	6	150
St. Vincent's Hospital [1-2]	Portland, Ore.	D. B. Seabrook	5,238	...	70	46	1	3	150
Abington Memorial Hospital [1-2]	Abington, Pa.	D. B. Pfeiffer	2,709	2,264	78	35	1	3	100
Allentown Hospital [1]	Allentown, Pa.	R. L. Schaeffer	5,875	1,961	105	56	1	3	150
Sacred Heart Hospital [1-2]	Allentown, Pa.	C. A. Holland	5,027	3,403	124	58	2	4	225
St. Luke's Hospital [1-2]	Bethlehem, Pa.	D. P. Walker	4,240	573	100	46	...	4	100
Bryn Mawr Hospital [1-2]	Bryn Mawr, Pa.	B. Flick	2,753	1,134	79	27	1	4	100
Hamot Hospital [1-2]	Erie, Pa.	A. F. Jonas	3,406	1,264	64	24	1	3	175
St. Vincent's Hospital [1-2]	Erie, Pa.	J. W. Schilling	3,170	...	66	27	1	3	75
Harrisburg Polyclinic Hospital [1]	Harrisburg, Pa.	W. K. McBride	3,131	4,545	61	24	2	4	250
St. Joseph's Hospital [1]	Lancaster, Pa.	J. L. Atlee, Jr.	4,443	7,119	88	50	1	3	150
Albert Einstein Medical Center									
Northern Division [1-2]	Philadelphia	F. B. Block	3,202	3,087	102	31	2	6	75
Southern Division [1-2]	Philadelphia	B. Lipshutz							
		L. Kaplan	2,662	11,028	37	25	3	3	75
Episcopal Hospital [1]	Philadelphia	J. W. Klopp							
		G. P. Rosemond	1,919	9,666	47	14	6	6	50
Graduate Hospital of the University of Pennsylvania [1-2]	Philadelphia	W. Bates	1,797	9,739	40	20	2	7	...
Hospital of the Woman's Medical College of Pennsylvania [1-2]	Philadelphia	L. K. Ferguson	936	1,625	17	9	1	3	60
Methodist Episcopal Hospital [1-2]	Philadelphia	G. Willauer	1,332	...	30	10	1	2	150
Misericordia Hospital [1]	Philadelphia	D. C. Geist	2,357	5,722	55	14	1	2	150
Philadelphia General Hospital [1-2]	Philadelphia	L. K. Ferguson	2,758	8,085	175	83	3	7	112
Presbyterian Hospital [1]	Philadelphia	W. Bates							
		E. G. Williamson	4,047	16,586	96	52	1	4	...
Woman's Hospital [1]	Philadelphia	C. M. Smyth, Jr.	666	2,752	13	6	1	3	100
Mercy Hospital [1-2]	Pittsburgh	H. H. Donaldson	3,829	6,384	63	8	1	4	150
Montefiore Hospital [1-2]	Pittsburgh	Y. D. Koskoff	3,739	2,294	90	42	3	3	50
Pittsburgh Hospital [1-2]	Pittsburgh	J. W. Stinson	1,719	4,097	38	8	1	3	150
St. Francis Hospital [1]	Pittsburgh	E. W. Meredith	2,817	4,133	99	15	1	3	150
Reading Hospital [1]	Reading, Pa.	C. B. Rentschler	4,066	8,344	90	42	2	4	125
St. Joseph's Hospital [1]	Reading, Pa.	R. Impink	1,304	2,635	47	26	1	3	250
Williamsport Hospital [1-2]	Williamsport, Pa.	A. F. Hardt	2,900	284	31	15	...	2	150
York Hospital	York, Pa.	J. F. Bacon	2,010	880	115	38	1	3	200

Numerical and other references will be found on page 363.

26. SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
Baroness Erlanger Hospital [1-3]	Chattanooga, Tenn.	O. B. Murray	4,180	1,512	66	15	8	14	90
Knoxville General Hospital	Knoxville, Tenn.	J. B. Ely	1,685	2,688	60	23	2	5	95
Methodist Hospital [2]	Memphis, Tenn.	B. Malone, II	5,559	1,950	78	18	2	4	75
St. Joseph Hospital [1-3]	Memphis, Tenn.	A. J. Grobmyer	3,214	669	42	16	1	4	100
Mid State Baptist Hospital [1-3]	Nashville, Tenn.	D. W. Smith	3,595	...	42	10	5	10	150
Nashville General Hospital [2]	Nashville, Tenn.	J. A. Mayer	1,670	26,550	68	16	2	6	100
Baylor University Hospital [1-3]	Dallas, Texas	J. W. Duckett	2,218	2,517	35	10	3	8	75
Methodist Hospital [1-3]	Dallas, Texas	W. A. Altman	2,698	588	38	15	4	9	100
Hermann Hospital [1-3]	Houston, Texas	G. W. Waldron	3,833	1,850	63	24	1	3	75
St. Joseph's Infirmary [2]	Houston, Texas	J. P. Barnes	1,611	527	21	12	1	3	150
Robert B. Green Memorial Hospital [1]	San Antonio, Texas	A. W. Hartman	1,251	13,438	84	31	1	3	100
Scott and White Memorial Hospitals [1-3]	Temple, Texas	A. C. Scott, Jr. G. V. Brindley, Sr.	4,101	5,021	41	13	4	14	200
Wichita Falls Clinic-Hospital	Wichita Falls, Texas	W. E. Crump	2,270	59,852	16	2	1	3	300
Dr. W. H. Groves Latter-Day Saints Hosp. [1-3]	Salt Lake City	S. S. Smith	7,549	1,978	113	43	2	6	100
Mary Fletcher Hospital [1-3]	Burlington, Vt.	A. G. Mackay	1,581	1,141	35	26	1	4	50
Alexandria Hospital [1-3]	Alexandria, Va.	C. L. Fiter	1,217	...	...	...	1	3	150
Jefferson Hospital [2]	Roanoke, Va.	A. P. Jones	3,169	8,513	43	20	1	4	175
		H. A. Bailey	2,324	3,608	31	11	2	5	125
Swedish Hospital [1]	Seattle, Wash.	F. Jarvis	2,769	...	26	18	3	5	150
Beckley Hospital [2]	Beckley, W. Va.	R. G. Stoneburner	2,525	14,859	29	10	1	4	150
Charleston General Hospital [1]	Charleston, W. Va.	J. E. Cannaday							
		H. A. Bailey	2,324	3,608	31	11	2	5	125
St. Mary's Hospital [1-3]	Huntington, W. Va.	F. L. Coffey	4,008	6,309	39	14	2	4	175
Laird Memorial Hospital	Montgomery, W. Va.	W. R. Laird	2,586	10,557	46	14	1	3	150
St. Joseph's Hospital [1-3]	Parkersburg, W. Va.	R. W. Corbitt	1,758	...	61	22	2	2	175
Meyers Clinic Hospital [1-3]	Philippi, W. Va.	H. C. Myers	357	2,884	2	1	1	3	200
Madison General Hospital [1-3]	Madison, Wis.	J. P. Malec	2,419	...	54	35	1	3	150
Columbia Hospital [1-3]	Milwaukee	F. Raine	777	...	5	3	1	3	125
Gorgas Hospital [2]	Ancon, C. Z.	E. C. Lowry	1,483	2,438	14	11	2	6	...
Queen's Hospital [1]	Honolulu, T. H.	J. E. Strode	2,004	6,190	40	23	2	5	110
San Juan City Hospital [1-3]	San Juan, P. R.	J. N. Benitez	2,654	35,067	59	33	2	5	150

The following hospitals, approved by the Council, the American Board of Surgery and the American College of Surgeons through the Conference Committee on Graduate Training in Surgery, offer training in surgery of less than three years duration, which is integrated with or contributory to a fully approved program. (See also additional lists of approved services, pp. 351-359.)

Hospitals, 41; Assistant Residencies and Residencies, 113

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
FEDERAL									
UNITED STATES NAVY									
U. S. Naval Hospital [1]	Great Lakes, Ill.	J. R. Weisser	2,910	6,857	12	11	..	..	...
NONFEDERAL									
Glendale Sanitarium and Hospital [1-3]	Glendale, Calif.	J. Janzen	2,929	3,047	70	39	1	3	164.50
Peralta Hospital [1]	Oakland, Calif.	J. L. Lohse	5,922	...	102	35	3	3	250
Samuel Merritt Hospital [1]	Oakland, Calif.	W. W. Crane	1,471	...	9	5	1	2	100
Santa Barbara General Hospital	Santa Barbara, Calif.	L. G. Fiske	...	...	...	...	..	..	...
Children's Hospital [1-3]	Denver	G. B. Packard	1,100	...	37	31	..	2	125
Colorado State Hospital [1-3]	Pueblo, Colo.	J. C. Owens	639	4,945	38	18	1	3	275
Children's Memorial Hospital [1-3]	Chicago	W. J. Potts	2,374	2,742	35	34	..	2	75
Henrotin Hospital [1-3]	Chicago	C. B. Puestow	1,554	5,512	31	12	1	1	150
St. Francis Hospital [1-3]	Peoria, Ill.	C. D. Branch	2,179	6,817	31	18	1	3	100
Norton Memorial Hospital [1-3]	Louisville, Ky.	G. B. Sanders	1,749	...	21	8	1	2	175
Truesdale Hospital [1-3]	Fall River, Mass.	W. G. Atwood	1,016	1,146	14	8	5	5	75
Salem Hospital [1-3]	Salem, Mass.	W. G. Phippen	1,836	611	66	28	..	..	100
Pondville Hospital [1]	Walpole, Mass.	E. M. Daland	1,176	10,200	94	81	..	4	235
Ellis Fischel State Cancer Hospital [1-3]	Columbia, Mo.	H. Schwarz, II	1,133	...	14	10	..	6	100
St. Louis Children's Hospital [1-3]	St. Louis		...	...	...	...	..	..	...
Mary Hitchcock Memorial Hospital [1-3]	Hanover, N. H.	G. A. Lord	3,295	10,393	34	31	5	17	171
Orange Memorial Hospital	Orange, N. J.		...	...	...	...	..	..	...
John E. Jennings Hospital [1-3]	Brooklyn	J. Gainey	415	8,738	41	10	..	2	90
Children's Hospital [1-3]	Buffalo, N. Y.	W. L. Machemer	808	1,731	10	6	..	2	75
Emergency Hospital [1-3]	Buffalo, N. Y.		...	...	...	...	..	..	...
Francis Delafield Hospital	New York City		...	...	...	...	..	..	...
Goldwater Memorial Hospital [1-3]									
II—Surgical Division	New York City	C. W. Cutler, Jr.	350	326	56	12	..	2	90
Gouverneur Hospital [1-3]	New York City	F. J. McGowan	1,354	11,234	71	11	..	..	90
United Hospital [1-3]	Port Chester, N. Y.	J. V. Hibbard	2,311	1,235	92	23	1	3	150
Children's Hospital [1-3]	Akron, Ohio	S. A. Schlueter	1,528	125	18	10	2	2	200
Children's Hospital [1]	Cincinnati	B. N. Carter	...	...	..	..	2	2	...
University Hospitals									
St. Francis Hospital [1-3]	Columbus, Ohio	R. M. Zollinger	2,222	...	82	59	1	4	...
Bradford Hospital [1-3]	Bradford, Pa.	C. Smith	1,089	3,709	9	2	2	2	250
Easton Hospital [1-3]	Easton, Pa.	T. C. Zulick, Jr.	3,366	8,363	55	31	1	1	151.66
Children's Hospital	Philadelphia	C. E. Koop	1,428	3,909	30	28	1	3	58.34
Children's Hospital [1-3]	Pittsburgh	C. V. Foster	1,394	2,836	14	11	..	1	58.33
Gaston Hospital [2]	Dallas, Texas	J. Goode	113	10	53	19	2	4	175
M.D. Anderson Hospital for Cancer Research [1-3]	Houston, Texas	R. L. Clark, Jr.	1,012	17,297	48	45	..	4	150
Methodist Hospital [1-3]	Houston, Texas	L. L. D. Tuttle	2,201	154	11	6	3	7	75
Holy Cross Hospital [1-3]	Salt Lake City	K. B. Castleton	1,370	...	...	2	2	5	175
St. Mark's Hospital [1-3]	Salt Lake City	W. Nelson	1,987	...	47	17	..	5	175
Lewis Gale Hospital	Roanoke, Va.	W. L. Sibley	1,394	14,339	10	3	2	2	200
Children's Orthopedic Hospital [1-3]	Seattle, Wash.		...	...	...	...	..	..	...
Chesapeake and Ohio Hospital [1-3]	Huntington, W. Va.	R. J. Wilkinson	2,642	9,380	44	11	2	8	150
Milwaukee Children's Hospital [1]	Milwaukee	I. Schulz	...	...	..	..	1	1	90

Numerical and other references will be found on page 363.

26. SURGERY—Continued

The following services are approved by the Council as offering satisfactory training of one or two years' duration, in preparation for residency training in the surgical specialties only. Applicants intending to qualify for examination by the American Board of Surgery should refer to the lists of approved services on pp. 351-357 (Surgical Residencies, J. A. M. A. 142:1216, April 15, 1950).

Hospitals, 130; Assistant Residencies and Residencies, 252

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
FEDERAL									
UNITED STATES ARMY									
Army and Navy General Hospital	Hot Springs, Ark.	W. W. Nichol	397	783	6	4	1	1	...
U. S. Army Hospital	Camp Cooke, Calif.	...	...	...	...	...	...	...	...
U. S. Army Hospital	Fort Benning, Ga.	J. H. Gordon	7,125	8,996	23	23	3	3	...
U. S. Army Hospital [1]	Camp Atterbury, Ind.	M. H. Judd	2,703	38,635	25	25	2	2	...
U. S. Army Hospital	Fort Campbell, Ky.	...	2,256	20,838	25	25	...	...	...
U. S. Army Hospital	Fort Knox, Ky.	...	...	...	...	...	...	...	...
Murphy Army Hospital	Waltham, Mass.	W. S. Cornell	415	502	7	7	1	1	...
Percy Jones Army Hospital	Battle Creek, Mich.	H. T. Berwald	4,080	4,287	1	1	...	...	...
U. S. Army Hospital	Fort Bragg, N. C.	P. V. Kiehl	9,462	29,675	28	...	...	...	...
Valley Forge Army Hospital [1]	Phoenixville, Pa.	H. A. Conrad	11,120	8,382	16	16	1	1	...
William Beaumont Army Hospital	El Paso, Texas	...	...	...	...	...	...	...	...
Madigan Army Hospital	Tacoma, Wash.	...	...	...	...	...	...	...	...
UNITED STATES AIR FORCE									
U. S. Air Force Hospital [1-3]	Rantoul, Ill.	D. S. Wenger	1,399	2,283	3	3	2	2	...
U. S. Air Force Hospital [1-3]	Scott Field, Ill.	J. R. Henry	918	2,856	5	5	1	1	...
U. S. Air Force Hospital	San Antonio, Texas	...	...	...	...	...	...	...	...
U. S. Air Force Hospital	Sheppard Field, Texas	...	...	...	...	...	...	...	...
UNITED STATES PUBLIC HEALTH SERVICE									
U. S. Public Health Service Hospital [1-3]	Cleveland, Ohio	M. E. Myers	931	671	14	10	3	3	...
FEDERAL SECURITY AGENCY									
St. Elizabeth's Hospital [1-3]	Washington, D. C.	W. A. Parker	1,093	9,348	79	57	..	1	...
NONFEDERAL									
City Hospital	Mobile, Ala.	E. B. Frazer	5,332	17,009	117	46	1	3	200
Maricopa County General Hospital	Phoenix, Ariz.	...	...	...	...	...	...	...	...
Memorial Hospital [1-3]	Phoenix, Ariz.	J. T. Ehert	491	832	8	5	1	1	250
St. Joseph's Hospital [1]	Phoenix, Ariz.	T. W. Woodman	1,559	...	10	6	1	1	175
Tucson Medical Center [1-3]	Tucson, Ariz.	D. Lewis	938	1,400	5	1	4	4	200
Arkansas Baptist Hospital [1-3]	Little Rock, Ark.	E. C. Gay	1,612	...	40	11	1	1	150
St. Vincent Infirmary [1-3]	Little Rock, Ark.	C. A. Rosenbaum	5,283	...	63	17	1	1	125
General Hospital of Riverside County [1-3]	Arlington, Calif.	...	...	...	...	...	...	...	...
Seaside Memorial Hospital [1-3]	Long Beach, Calif.	B. K. Parks	3,225	570	35	6	4	4	150
Santa Fe Coast Lines Hospital	Los Angeles	L. Chaffin	924	...	15	15	2	2	195
Collis P. and Howard Huntington Memorial Hospital [1-3]	Pasadena, Calif.	W. E. Delphey	1,613	...	15	12	1	2	130
San Bernardino County Charity Hospital	San Bernardino, Calif.	C. P. Sprague	744	11,730	39	25	3	4	190
Children's Hospital [1-3]	San Francisco	M. E. Mathes	821	2,202	7	5	1	2	75
Mary's Help Hospital [1-3]	San Francisco	E. Carlson	1,755	3,380	10	3	1	2	150
St. Luke's Hospital [1-3]	San Francisco	G. D. Delprat	4,186	1,103	42	19	1	3	200
Santa Clara County Hospital [1-3]	San Jose, Calif.	M. E. Pickworth	975	4,437	48	24	2	5	200
Community Hospital of San Mateo County [1-3,33]	San Mateo, Calif.	K. H. Prindle	402	914	7	4	..	1	365
St. John's Hospital	Santa Monica, Calif.	J. F. Roberts	1,356	225	9	3	1	1	175
Corwin Hospital [1-3]	Pueblo, Colo.	S. B. Potter J. E. A. Connell	2,108	...	2	1	1	1	150
J. J. McCook Memorial Hospital [1-3]	Hartford, Conn.	...	974	...	13	8	1	3	...
Lawrence and Memorial Associated Hosps. [1-3]	New London, Conn.	F. B. Hartman	2,622	...	41	13	2	2	150
Norwalk Hospital [1-3]	Norwalk, Conn.	E. C. Beck	1,415	166	23	9	2	2	130
St. Mary's Hospital [1-3]	Waterbury, Conn.	C. Audet	2,708	2,068	49	20	2	5	150
Sibley Memorial Hospital [1-3]	Washington, D. C.	P. S. Putzki	6,377	...	47	20	3	5	160
Riverside Hospital [1-3]	Jacksonville, Fla.	E. Jelks	932	7,032	8	6	1	1	150
St. Francis Hospital	Miami Beach, Fla.	G. D. Lilly	1,783	9,836	18	9	2	2	200
Orange Memorial Hospital [1-3]	Orlando, Fla.	J. R. Chappell	1,810	...	54	22	4	7	125
Tampa Municipal Hospital	Tampa, Fla.	C. F. Chunn	2,119	1,629	66	33	1	1	125
St. Joseph's Infirmary [1-3]	Atlanta, Ga.	W. P. Nicolson, Jr.	2,815	1,232	39	13	1	3	170
Hospital of St. Anthony de Padua [1-3]	Chicago	R. Johnson	1,897	...	12	7	1	1	250
Illinois Central Hospital [1]	Chicago	C. C. Guy	3,940	2,653	43	20	2	2	183
Norwegian American Hospital [1-3]	Chicago	G. Murphy	1,015	...	7	2	2	3	150
Ravenswood Hospital [1-3]	Chicago	G. Zechel	3,615	281	28	18	1	1	75
St. Anne's Hospital [1-3]	Chicago	A. Kraft	3,282	436	19	3	2	2	165
Women and Children's Hospital [1-3]	Chicago	E. Girvotas	4,982	574	4	2	1	1	100
Woodlawn Hospital [1-3]	Chicago	H. P. Jenkins	823	821	13	9	1	2	150
Little Company of Mary Hospital [1-3]	Evergreen Park, Ill.	E. D. Huntington	2,070	...	...	...	3	3	175
Methodist Hospital of Central Illinois [1-3]	Peoria, Ill.	L. D. Whittaker	4,772	985	41	11	3	3	200
Ball Memorial Hospital [1-3]	Muncie, Ind.	A. C. Moore	3,992	...	69	30	2	6	100
Mercy Hospital [1-3]	Iowa City, Ia.	J. W. Dulin	2,149	1,268	14	8	2	2	150
St. Francis Hospital [1-3]	Wichita, Kan.	J. L. Beaver	4,156	...	102	59	3	3	150
Good Samaritan Hospital [1]	Lexington, Ky.	F. Massie	1,937	...	23	6	1	1	175
Hotel Dieu, Sisters' Hospital [1]	New Orleans	M. O. Miller	3,165	...	24	5	3	5	100
Central Maine General Hospital [1]	Lewiston, Me.	...	...	...	...	...	...	...	...
Bon Secours Hospital [1-3]	Baltimore	G. Stewart	1,042	1,693	13	6	..	1	200
Suburban Hospital [1-3]	Bethesda, Md.	A. L. Riddick	2,165	774	32	14	1	1	175
Lawrence F. Quigley Memorial Hospital	Chelsea, Mass.	H. H. Howard	1,551	2,677	71	14	..	3	240
Lynn Hospital [1-3]	Lynn, Mass.	C. F. Twomey	1,618	1,832	43	14	1	1	150
Quincy City Hospital [1-3]	Quincy, Mass.	J. M. McGowan	2,083	...	75	34	1	3	150
Florence Crittenton Hospital	Detroit	L. Leader	1,054	...	8	4	1	3	150
Woman's Hospital [1-3]	Detroit	W. E. Johnston	3,669	60	18	8	1	2	210
Edward W. Sparrow Memorial Hospital [1-3]	Lansing, Mich.	R. Wadley	6,200	4,987	67	35	1	1	225
Asbury Hospital [1-3]	Minneapolis	E. R. Anderson	3,742	...	39	12	1	1	150
Swedish Hospital [1-3]	Minneapolis	A. N. Russeth	6,100	823	55	...	3	3	150
Menorah Hospital Medical Center [1-3]	Kansas City, Mo.	P. Halperin	3,856	...	27	20	3	4	150
St. Mary's Hospital [1-3]	Kansas City, Mo.	F. L. Federabend M. S. Harless	4,333	...	34	17	2	2	125
Missouri Methodist Hospital	St. Joseph, Mo.	J. Kulowski	4,556	2,193	87	38	1	1	200
St. Anthony's Hospital [1-3]	St. Louis	J. VonKaenel	1,704	...	24	10	1	1	150
Hackensack Hospital [1-3]	Hackensack, N. J.	A. I. Mader, Jr.	6,819	6,222	93	27	2	2	169
Monmouth Memorial Hospital [1-3]	Long Branch, N. J.	J. E. Maher	1,791	656	46	21	2	2	200

Numerical and other references will be found on page 363.

26. SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
Fitkin Memorial Hospital [1-3]	Neptune, N. J.	O. K. Parry	2,596	3,400	88	21	1	2	200
Presbyterian Hospital [1-3]	Newark, N. J.	A. O. Godfrey	5,266	725	111	50	4	4	125
Mercer Hospital [1-3]	Trenton, N. J.	E. B. Benirsto	1,578	965	53	21	1	1	150
Mary McClellan Hospital [1]	Cambridge, N. Y.	D. M. Vickers	916	5,745	27	5	1	1	200
Lebanon Hospital [1-2]	New York City	B. Sherwin							
		M. Cohen	1,932	...	55	11	1	1	100
Mother Cabrini Memorial Hospital [1-3]	New York City	J. P. Alvich	1,676	1,362	32	7	1	1	100
New York Infirmary [1-3]	New York City	A. Hubert	673	1,544	6	3	1	2	100
Sydenham Hospital [1-3]	New York City	S. Standard	1,739	2,739	24	3	4	4	85
James Walker Memorial Hospital [1-3]	Wilmington, N. C.	J. W. Hooper	1,999	...	49	10	1	3	125
Kate Bitting Reynolds Memorial Hosp. [1]	Winston-Salem, N. C.	R. T. Odom	1,913	7,334	60	21	1	3	150
Bismarck Hospital [3]	Bismarck, N. D.	R. H. Waldschmidt	695	34,002	8	3	2	2	...
St. Luke's Hospital	Fargo, N. D.	V. G. Borland	2,788	35	19	9	1	1	200
St. Thomas Hospi. [1-3]	Akron, Ohio	E. F. Hurteau	2,010	465	16	1	4	8	200
Deaconess Hospital [1-2]	Cincinnati	L. Feld							
		R. Woolford	2,622	...	40	5	2	2	150
Fairview Park Hospital [1-3]	Cleveland	W. E. Smith	1,914	490	14	8	3	3	100
Doctors Hospital [1-3]	Cleveland Heights, Ohio	R. R. Renner	1,450	...	26	14	3	3	200
Good Samaritan Hospital [1-3]	Dayton, Ohio	F. J. Pfanner	5,051	403	55	26	3	3	250
St. Elizabeth Hospital	Dayton, Ohio	F. Miller	7,048	13,469	62	97	1	1	225
Marymount Hospital [1-3]	Garfield Heights, Ohio	C. R. Jablonoski	2,808	...	7	2	2	2	200
Mercy Hospital [1-2]	Hamilton, Ohio	C. A. Leyrer	2,196	552	44	17	2	2	250
Mansfield General Hospital [3]	Mansfield, Ohio	K. Lancacher	1,018	...	22	9	2	2	225
Wesley Hospital [1-3]	Oklahoma City	J. H. Robinson	4,017	4,130	33	13	3	3	150
Providence Hospital [1-3]	Portland, Ore.	L. P. Gambee	1,624	...	33	20	1	1	85
Hazelton State Hospital	Hazelton, Pa.								
Doctors Hospital [1-3]	Philadelphia	J. W. Bransfield	1,195	...	15	2	1	2	200
Frankford Hospital [1-3]	Philadelphia	L. K. Fergusson	1,579	1,180	48	11	..	..	...
St. Joseph's Hospital [1-3]	Philadelphia	F. A. Fiske							
		J. A. Lehman	1,469	2,657	28	10	1	1	200
St. Mary's Hospital	Philadelphia	P. A. McCarthy	2,944	15,455	50	13	1	3	170
Mercy Hospital [1]	Wilkes-Barre, Pa.	M. Sindaus	1,354	827	18	5	1	1	200
Wilkes-Barre General Hospital [1-3]	Wilkes-Barre, Pa.	M. C. Rumbaugh	3,117	1,491	82	24	3	3	150
Columbia Hospital [1]	Wilkinsburg, Pa.	W. B. Hetrel	1,457	12,976	42	21	1	2	200
Newell Hospital [3]	Chattanooga, Tenn.	E. T. Newell, Jr.	1,895	21,556	41	14	3	3	400
Brackenridge Hospital [1-2]	Austin, Texas	G. W. Tipton	1,832	2,905	54	23	1	1	180
Harris Hospital [1-3]	Fort Worth, Texas	R. G. Lemon	2,235	488	32	13	2	3	125
Southern Pacific Hospital	Houston, Texas	J. R. Gandy	474	5,003	9	5	1	2	125
Thomas D. Dee Memorial Hospital [1-3]	Ogden, Utah	D. W. Tanner	1,913	193	32	12	..	1	200
Bishop DeGoesbriand Hospital [1-3]	Burlington, Vt.	A. A. Gladstone	913	1,272	7	3	1	2	100
Mary Immaculate Hospital [1-3]	Newport News, Va.	A. A. Creecy	676	...	3	..	..	..	200
Riverside Hospital [1]	Newport News, Va.	C. B. Courtney	1,487	...	29	5	2	4	175
De Paul Hospital [1-3]	Norfolk, Va.	W. B. Hoover	4,083	1,357	67	29	1	2	200
St. Elizabeth's Hospital [1-3]	Richmond, Va.	G. W. Horsley	1,292	8,033	7	2	2	2	100
Doctors Hospital [3]	Seattle, Wash.	D. K. Crystal	4,353	...	41	29	2	2	125
Providence Hospital [1-3]	Seattle, Wash.	E. B. Speir	2,173	182	19	14	2	3	110
St. Luke's Hospital [1-3]	Spokane, Wash.	F. M. Lyle	3,276	...	59	41	1	1	150
Kanawha Valley Hospital [3]	Charleston, W. Va.	J. C. Condry	1,786	2,086	12	5	1	2	200
La Crosse Lutheran Hospital [1-3]	La Crosse, Wis.	S. B. Gundersen	1,374	...	29	11	1	1	250
Methodist Hospital [1-3]	Madison, Wis.	S. Jackson	851	...	..	..	1	1	125
Evangelical Deaconess Hospital [1-3]	Milwaukee	K. Schlaepfer	4,297	...	..	..	..	1	...
St. Joseph Hospital	Milwaukee	F. Stratton	5,677	...	64	35	2	4	110
St. Luke's Hospital [1-3]	Milwaukee	G. S. Flaherty	1,324	...	43	15	3	3	225
St. Mary's Hospital [1-3]	Milwaukee	E. W. Miller	5,938	...	28	14	1	1	150

27. THORACIC SURGERY

The following services have been approved by the Council on Medical Education and Hospitals without specifying the number of years for which they are accredited. The Board of Thoracic Surgery will give appropriate credit for training in these hospitals on an individual basis.

Hospitals, 56; Assistant Residencies and Residencies, 135

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
FEDERAL									
UNITED STATES ARMY									
Fitzsimons Army Hospital	Denver, Colo.	J. H. Forsee	942	333	5	5	..	..	...
Army Medical Center [12]	Washington, D. C.	J. S. Paul	154	170	2	2	..	2	...
UNITED STATES NAVY									
U. S. Naval Hospital [1]	St. Albans, N. Y.	C. F. Storey	181	...	...	..	..	..	...
VETERANS ADMINISTRATION									
Veterans Admin. Hospital [1-3]	Long Beach, Calif.	J. A. Weinberg	194	490	10	9	..	2	...
Veterans Admin. Hospital [1]	Chamblee, Ga.	H. D. Smith	103	85	14	9	..	..	...
Veterans Admin. Hospital [1]	Hines, Ill.	J. Head	687	...	25	16	4	4	...
Veterans Admin. Hospital [1]	Rutland Heights, Mass.	J. J. Cindotti	193	36	10	5	1	1	...
Veterans Admin. Hospital [1-3]	Minneapolis	T. J. Kinsella	1,043	127	9	4	1	1	...
Veterans Admin. Hospital [1]	Jefferson Barracks, Mo.	T. Burford	286	...	26	15	1	2	...
Veterans Admin. Hospital [1-3]	Brooklyn		...	...	...	..	..	..	...
Veterans Admin. Hospital [1-3]	Castle Point, N. Y.	J. V. Comer	430	...	2	2	..	2	...
Veterans Admin. Hospital [1-3]	New York City	F. B. Berry	141	184	10	7	2	3	...
Veterans Admin. Hospital [1-3]	Oteen, N. C.	J. D. Murphy	1,032	116	22	16	..	6	...
Veterans Admin. Hospital [1-3]	Cleveland	E. B. Kay	158	120	10	7	1	2	...
Veterans Admin. Hospital [3]	Memphis, Tenn.	F. A. Hughes	482	...	39	30	1	3	...
Veterans Admin. Hospital [1-3]	McKinney, Texas	J. Carswell, Jr.	156	...	16	11	1	1	...
Veterans Admin. Hospital [1]	Richmond, Va.	F. P. Coleman	267	12	19	9	1	3	...
Veterans Admin. Hospital [1-3]	Martinsburg, W. Va.	R. K. Hollingsworth	280	104	9	8	1	2	...
NONFEDERAL									
Los Angeles Sanatorium [1-3]	Duarte, Calif.	A. Goldman	218	...	7	6	1	1	300
Highland-Alameda County Hospital [1-3]	Oakland, Calif.	P. C. Samson	133	756	11	4	1	2	170

Numerical and other references will be found on page 363.

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27. THORACIC SURGERY—Continued

NONFEDERAL

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [4]	Total Residencies Offered [4]	Beginning Stipend (Month)
Olive View Sanatorium [1-3]	Olive View, Calif.	J. P. M. Black	703	...	10	7	3	6	516
Harbor General Hospital [1-3]	Torrance, Calif.	F. X. Byron	119	...	19	11	1	2	173
National Jewish Hospital [1-3]	Denver	J. B. Grow	...	...	..	..	1	1	200
Grace-New Haven Community Hospital New Haven Unit (University Service) [1-3]	New Haven	G. E. Lindskog	342	...	9	5	..	3	40
Norwich State Tuberculosis Sanatorium [1]	Norwich, Conn.	W. O. Kelley	...	...	..	..	2	2	280
University Hospital [1-3]	Augusta, Ga.	R. Ellison	173	7	7	5	..	1	...
Children's Memorial Hospital [1-3]	Chicago		..	...	..	..	..	..	...
City of Chicago Municipal Tuberculosis Sanitarium [1-3]	Chicago	W. Lees	1,695	208	16	10	6	6	175
University Hospital [1-3]	Baltimore	O. C. Brantigan	...	...	..	..	1	2	...
Boston Sanatorium [1-3]	Boston	J. W. Strieder	155	...	6	3	1	3	200
University Hospital [1]	Ann Arbor, Mich.	F. A. Coller	717	3,614	47	26	5	11	134.16
Herman Kiefer Hospital [1-3]	Detroit	E. J. O'Brien	1,456	...	13	..	4	7	418
Ingham Sanatorium	Lansing, Mich.	C. J. Stringer	295	34,418	10	3	1	2	500
Barnes Hospital [2]	St. Louis	T. Burford	682	...	36	27	..	5	25
Berthold S. Pollack Hospital for Chest Diseases [1-3]	Jersey, N. J.	F. Bortone	...	...	..	..	2	2	166.67
Kings County Hospital [1-3]	Brooklyn	E. Griffin	302	1,554	48	10	1	2	140
Edward J. Meyer Memorial Hospital [1-3]	Buffalo	J. D. Stewart	148	274	22	6	1	2	179
Triboro Hospital [1-3]	Jamaica, N. Y.	L. Miscall	277	2,979	20	9	4	4	140
Bellevue Hospital Center Division 1—Columbia University [1-3]	New York City	F. B. Berry	279	...	22	4	1	4	90
Metropolitan Hospital [1-3]	New York City	S. Thompson	114	...	11	1	1	2	90
Seton Hospital [1-3]	New York City	M. Rubin	133	332	1	1	3	3	140
Homer Folks Tuberculosis Hospital [1-3]	Oneonta, N. Y.	A. M. Skinner	147	15	4	3	2	2	400
Ray Brook State Tuberculosis Hospital [1-3]	Ray Brook, N. Y.	J. Gordon	148	22	1	1	2	3	350
Sea View Hospital [1-3]	Staten Island, N. Y.	L. R. Davidson	357	388	16	3	3	3	140
Duke Hospital [1-3]	Durham, N. C.	W. C. Sealy	319	336	11	6	..	2	41.66
North Carolina Baptist Hospital [1]	Winston-Salem, N. C.	H. H. Bradshaw	255	69	13	7	..	..	...
City Hospital [1-3]	Cleveland	S. O. Freedlander	111	640	23	7	..	..	184
Benjamin Franklin Hospital [1]	Columbus, Ohio	M. G. Buckles	233	...	13	5	2	2	300
University of Oregon Medical School Hospitals and Clinics [1-3]	Portland, Ore.	W. S. Conklin	222	...	9	4	1	2	85
Episcopal Hospital [1]	Philadelphia	R. P. Glover	117	...	7	7	2	2	50
Hahnemann Medical College and Hospital [1-3]	Philadelphia	C. P. Bailey	743	242	73	40	2	3	50
Baptist Memorial Hospital [1-3]	Memphis, Tenn.	D. M. Carr	302	67	11	4	1	2	75
Baylor University Hospital [1-3,88]	Dallas, Texas	R. R. Shaw	477	84	19	8	2	2	75
Firland Sanatorium [1-3]	Seattle, Wash.	F. J. Jarvis	394	...	10	7	1	1	210
Muirdale Sanatorium [1]	Milwaukee	J. D. Steele	554	...	..	..	1	1	250.60
Leahi Hospital [5]	Honolulu, T. H.	P. W. Gebauer	133	268	1	1	1	1	300

28. UROLOGY

The following services are approved by the Council and the American Board of Urology.
Hospitals, 221; Assistant Residencies and Residencies, 567

FEDERAL

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [4]	Total Residencies Offered [4]	Length of Approved Program (Years)	Beginning Stipend (Month)
UNITED STATES ARMY										
Letterman Army Hospital	San Francisco, Calif.	J. W. Schwartz	339	1,955	3	3	..	..	2	...
Fitzsimons Army Hospital	Denver, Colo.	J. N. Furst	203	1,327	..	..	..	..	2	...
Army Medical Center [42]	Washington, D. C.	J. C. Kimbrough	582	4,093	2	2	2	6	3	...
Brooke Army Medical Center [2,103]	San Antonio, Texas	C. C. Dodson	1,040	6,203	9	9	..	..	3	...
Tripler Army Hospital	Honolulu, T. H.	L. K. Mantell	1,141	3,256	4	4	..	..	3	...
UNITED STATES NAVY										
U. S. Naval Hospital [1]	Oakland, Calif.	J. W. Rogers	764	1,338	3	2	..	..	3	...
U. S. Naval Hospital	San Diego, Calif.	P. F. Ruth	1,001	6,000	13	12	..	..	3	...
U. S. Naval Hospital [1-3]	Bethesda, Md.	A. C. Abernethy	626	5,325	..	..	2	3	3	...
U. S. Naval Hospital [1]	St. Albans, N. Y.	H. J. Cokely	505	...	3	3	..	..	3	...
U. S. Naval Hospital	Philadelphia	L. A. Newton	802	3,605	28	14	..	..	3	...
UNITED STATES PUBLIC HEALTH SERVICE										
U. S. Public Health Service Hospital [1]	Baltimore, Md.	J. S. Haines	642	1,508	3	2	1	1	2	...
U. S. Public Health Service Hospital [1-3]	Staten Island, N. Y.	C. Ferguson	826	4,344	16	6	1	3	3	...
FEDERAL SECURITY AGENCY										
Freedmen's Hospital [1-3]	Washington, D. C.	R. F. Jones	321	2,812	29	14	..	1	3	...
VETERANS ADMINISTRATION										
Veterans Admin. Hospital [1-3]	Long Beach, Calif.	D. C. Malcolm	1,085	2,548	30	27	3	3	3	...
Veterans Admin. Hospital [1-3]	Los Angeles, Calif.	W. E. Goodwin	713	2,165	7	5	2	5	3	...
Veterans Admin. Hospital [1]	San Francisco, Calif.	F. Hinman, Jr.								
		H. W. Weyrauch	315	468	13	8	1	3	3	...
Veterans Admin. Hospital [1-3]	Newington, Conn.	A. L. Morgan	240	427	5	4	..	2	2	...
Veterans Admin. Hospital [1-3]	Washington, D. C.	J. G. Lee	195	383	3	3	..	1	3	...
Veterans Admin. Hospital [1]	Chamblee, Ga.	G. T. Cowart	410	355	9	6	1	2	3	...
Veterans Admin. Hospital [1]	Hines, Ill.	F. Lloyd	1,837	...	39	25	7	7	3	...
Veterans Admin. Hospital [1]	Des Moines, Ia.	C. Losh, Jr.	576	200	..	..	..	2	2	...
Veterans Admin. Hospital [1-3]	Wadsworth, Kans.	I. S. Brown	396	...	16	9	1	3	3	...
Veterans Admin. Hospital [1-3]	Louisville	M. I. Schwalbe	396	1,080	11	8	1	2	2	...
Veterans Admin. Hospital [1]	New Orleans	E. Burns	273	369	7	5	1	3	3	...
Veterans Admin. Hospital [1-3]	Fort Howard, Md.	H. J. Meisel	384	176	10	9	..	1	3	...
Veterans Admin. Hospital [1]	Boston (West Roxbury)	R. Chute	384	1,255	10	8	1	2	2	...
Veterans Admin. Hospital [1-3]	Framingham, Mass.	H. S. Talbot	387	731	6	4	..	2	3	...
Veterans Admin. Hospital [1]	Minneapolis, Minn.	C. D. Creevy	1,228	536	17	14	2	2	3	...
Veterans Admin. Hospital [1]	Jefferson Barracks, Mo.	J. J. Cordonnier	721	...	16	12	1	3	3	...
Veterans Admin. Hospital [1]	Lincoln, Neb.	A. D. Munger	230	130	3	3	1	3	3	...
Veterans Admin. Hospital [1-3]	Brooklyn	H. C. Harlin	553	492	25	15	1	3	3	...
Veterans Admin. Hospital [1-3]	Buffalo, N. Y.	J. D. MacCallum	494	...	17	9	..	2	3	...
Veterans Admin. Hospital [1-3]	New York City	A. L. Dean	843	164	32	7	1	4	3	...

Numerical and other references will be found on page 363.

28. UROLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [2]	Total Residencies Offered [2]	Length of Approved Program (Years)	Beginning Stipend (Months)
Veterans Admin. Hospital [1-2]	Cleveland	M. Ford	492	430	19	13	1	3	3	...
Veterans Admin. Hospital	Dayton, Ohio	H. L. Berman	341	636	21	17	..	1	3	...
Veterans Admin. Hospital [1-2]	Portland, Ore.	F. B. Potampa	414	...	2	1	...	1	1	...
Veterans Admin. Hospital [1]	Aspinwall, Pa.	C. Kuehn	353	...	15	9	1	3	3	...
Veterans Admin. Hospital	Columbia, S. C.	B. S. Chappell	403	450	10	6	1	4	3	...
Veterans Admin. Hospital [1-2]	Memphis	W. S. Bradley	831	1,008	19	12	1	3	3	...
Veterans Admin. Hospital [1-2]	Dallas, Texas	R. C. Smith	211	...	8	6	1	2	3	...
Veterans Admin. Hospital [1-2]	Houston, Texas	J. R. Blundell	328	...	2	2	1	3	2	...
Veterans Admin. Hospital [1-2]	McKinney, Texas	P. A. Duff	403	441	7	5	..	1	3	...
Veterans Admin. Hospital [1,72]	White River Junction, Vt.	W. L. McLaughlin	809	1,994	12	11	1	3	3	...
Veterans Admin. Hospital [1]	Richmond, Va.	R. C. Bunts	741	388	11	9	1	3	3	...
Veterans Admin. Hospital [1-2]	Milwaukee	J. C. Sargent	561	1,992	23	15	3	3	3	...
BOARD FEDERAL										
Carraway Methodist Hospital [1]	Birmingham, Ala.	L. Timberlake	429	2,246	11	3	1	1	3	150
Jefferson-Hillman Hospital [1-2]	Birmingham, Ala.	B. Barlare	559	5,581	21	13	1	3	3	50
Lloyd Noland Hospital [1-2]	Fairfield, Ala.	E. B. Pitts	203	3,662	..	..	1	1	1	225
University Hospital	Little Rock, Ark.	J. W. H. Headstream	...	...	...	...	1	3	3	120
Los Angeles County Hospital [1-2]	Los Angeles	J. J. Crane	2,510	15,776	172	66	3	7	3	173
Presbyterian Hospital—Olmsted Memorial [2]	Los Angeles	T. O. Powell	647	220	24	10	1	2	2	100
White Memorial Hospital [1-2]	Los Angeles	R. W. Barnes	636	5,700	14	7	1	2	3	132
San Diego County General Hospital [1-2]	San Diego, Calif.	R. J. Prentiss	396	2,408	22	8	1	2	3	125
Franklin Hospital [1-2]	San Francisco	F. Hinman	645	488	8	3	1	3	3	105
Southern Pacific Genral Hospital [1-2]	San Francisco	T. E. Gibson	542	3,870	9	8	1	3	2	150
Stanford University Hospitals [1-2,22]	San Francisco	H. M. Weyrauch	522	2,994	4	2	..	2	3	50
University of California Hospital [1-2,22]	San Francisco	F. Hinman, Jr.	...	...	...	...	...	...	...	...
		D. R. Smith	412	6,025	5	4	..	1	3	78.75
Santa Clara County Hospital [1-2]	San Jose, Calif.	E. E. Henderson	293	2,161	7	3	..	1	2	200
Harbor General Hospital [1-2]	Torrance, Calif.	J. W. Dorsey	443	1,286	47	21	1	3	3	173
University of Colorado Medical Center										
Colorado General Hospital [1-2]	Denver	D. R. Higbee	294	2,555	10	8	1	2	3	150
Denver General Hospital [1-2,20]	Denver	D. E. Newland	232	...	18	15	..	1	3	157
Grace-New Haven Community Hospital										
New Haven Unit (University Service) [1-2]	New Haven, Conn.	C. L. Deming	573	2,070	11	7	..	2	3	40
Hospital of St. Raphael [1-2]	New Haven, Conn.	L. T. Maurer	327	251	15	3	..	3	3	75
Waterbury Hospital [1-2]	Waterbury, Conn.	C. H. Neuswanger	544	202	13	6	1	1	2	100
Delaware Hospital [1-2]	Wilmington, Del.	B. S. Vallett	473	3,610	11	5	1	1	3	130
Gallinger Municipal Hospital [1-2]	Washington, D. C.	L. Lewis	...	...	...	...	...	...	...	...
		L. Culbertson	323	1,985	17	6	1	3	3	100
Duval Medical Center [2]	Jacksonville, Fla.	R. R. Melver	334	2,904	18	10	..	1	2	150
St. Vincent's Hospital [1-2]	Jacksonville, Fla.	R. R. Melver	491	...	6	3	..	1	2	100
Jackson Memorial Hospital [1]	Miami, Fla.	M. M. Coplan	1,036	3,709	19	13	1	3	3	75
Orange Memorial Hospital [1-2]	Orlando, Fla.	L. M. Orr	951	...	30	14	1	2	3	125
Grady Memorial Hospital [1,41]	Atlanta, Ga.	M. K. Bailey	557	13,473	24	11	2	6	3	20
University Hospital [1-2]	Augusta, Ga.	J. R. Rinker	460	762	9	3	..	2	3	...
Alexian Brothers Hospital [2]	Chicago	J. Loef	563	...	14	6	1	1	1	125
Cook County Hospital [1-2]	Chicago	H. C. Rolnick	1,111	3,369	164	22	4	4	3	50
Mercy Hospital [1-2]	Chicago	H. E. Landes	574	1,966	15	7	1	3	3	25
Michael Reese Hospital [1-2]	Chicago	I. Shapiro	833	1,863	17	11	1	3	3	25
Mount Sinai Hospital [1-2]	Chicago	J. M. Glasser	388	1,223	19	11	1	1	2	50
Presbyterian Hospital [1-2]	Chicago	N. J. Heckel	663	3,667	8	4	2	4	3	50
Provident Hospital [1-2]	Chicago	W. Grant	181	1,177	10	2	1	2	2	85
St. Luke's Hospital [1-2]	Chicago	W. J. Baker	660	1,694	8	4	1	2	3	50
University of Chicago Clinics [1-2]	Chicago	C. B. Huggins	377	4,529	27	21	1	2	3	25
Wesley Memorial Hospital [1-2]	Chicago	V. J. O'Conor	302	...	10	5	1	1	3	50
Evanston Hospital [1-2]	Evanston, Ill.	J. I. Farrell	317	539	3	1	1	1	3	50
St. Francis Hospital [1-2]	Evanston, Ill.	R. C. Ellis	346	69	7	5	1	1	3	50
St. Francis Hospital [1-2]	Peoria, Ill.	A. Sprenger	975	668	16	7	..	1	3	100
Indianapolis General Hospital [1]	Indianapolis	N. Wishard	352	3,083	34	20	1	3	3	100
Indiana University Medical Center [1]	Indianapolis	H. O. Mertz	748	1,665	13	7	1	3	3	150
Methodist Hospital [1-2]	Indianapolis	J. M. Young	1,778	...	28	9	1	2	3	200
University Hospitals [1-2]	Iowa City	R. H. Flocks	1,030	1,732	46	27	3	7	3	50
University of Kansas Medical Center [1-2]	Kansas City, Kan.	W. Valk	797	3,429	21	14	1	4	3	125
St. Joseph Hospital [1-2]	Lexington, Ky.	E. H. Ray	651	15	16	6	1	1	1	140
Louisville General Hospital [1-2]	Louisville, Ky.	R. L. Lich	251	4,321	3	..	3	3	3	69
Charity Hospital of Louisiana										
Independent Unit [1-2]	New Orleans	M. Wolf	635	5,766	24	10	1	3	3	25
Louisiana State University Unit [1-2]	New Orleans	P. J. Kahle	1,074	8,525	40	11	2	6	3	25
Tulane University Unit [1-2]	New Orleans	E. Burns	819	6,878	27	11	2	6	3	75
Oschsner Foundation Hospital [1-2]	New Orleans	E. Burns	319	11,091	1	..	1	2	3	150
Shreveport Charity Hospital [1]	Shreveport, La.	R. K. Womack	685	3,059	14	6	1	3	3	60
Johns Hopkins Hospital [1-2]	Baltimore	W. W. Scott	1,058	4,708	20	15	..	4	3	...
Sinai Hospital [1-2]	Baltimore	B. S. Abeshouse	534	341	32	16	1	3	3	85
University Hospital [1-2]	Baltimore	W. H. Donlon	328	2,114	10	7	..	2	3	25
Beth Israel Hospital [1-2]	Boston	G. C. Prather	331	2,479	8	7	1	2	2	87
Boston City Hospital [1-2]	Boston	J. A. Seth	473	6,843	9	3	..	4	3	162
Lahey Clinic [1-2]	Boston	F. E. Ewert	403	6,087	7	4	3	6	3	150
Massachusetts General Hospital [1-2]	Boston	F. H. Colby	835	4,414	23	13	1	3	3	66.66
Massachusetts Memorial Hospitals [1-2]	Boston	S. N. Vose	376	1,221	14	6	1	3	3	50
New England Center Hospital [1-2]	Boston	W. F. Leadbetter	353	...	5	3	..	2	3	50
Peter Bent Brigham Hospital [1-2]	Boston	J. H. Harrison	...	...	..	..	..	1	1	...
Mount Auburn Hospital [1-2]	Cambridge, Mass.	H. A. Chamberlin	232	173	6	4	1	1	1	125
Worcester City Hospital [1-2]	Worcester, Mass.	G. C. Tully	537	490	17	...	2	2	3	100
University Hospital [1]	Ann Arbor, Mich.	F. A. Coller	1,202	7,635	38	26	2	6	3	163.33
City of Detroit Receiving Hospital [1-2]	Detroit	G. Sewell	647	2,685	33	20	..	2	3	233.75
Grace Hospital [1-2]	Detroit	I. W. Hull	1,195	761	14	5	1	1	3	225
Harper Hospital [1]	Detroit	G. Sewell	1,473	866	19	7	1	3	3	225
Henry Ford Hospital [1-2]	Detroit	J. K. Ormond	687	12,881	12	7	1	3	3	225
Wayne County General Hospital and Infirmary [1-2]	Eloise, Mich.	W. L. Sherman	305	758	43	19	..	2	3	209.09
Minneapolis General Hospital [1-2]	Minneapolis	T. H. Sweetser	280	1,698	18	11	..	1	3	156
St. Mary's Hospital [1]	Minneapolis	T. H. Sweetser	635	...	15	8	..	1	3	200
University of Minnesota Hospitals [1-2]	Minneapolis	C. D. Creevy	815	3,366	13	8	1	3	3	142.9
Mayo Foundation [1-2]	Rochester, Minn.	G. J. Thompson	...	...	..	..	4	14	3	150
Ancker Hospital [1-2]	St. Paul, Minn.	F. E. B. Foley	355	1,607	29	19	1	3	3	140
Charles T. Miller Hospital [1-2]	St. Paul, Minn.	F. E. B. Foley	491	339	6	4	..	1	3	115
Kansas City General Hospital No. 1	Kansas City, Mo.	I. S. Brown	480	2,202	32	17	1	3	3	75

Numerical and other references will be found on page 363.

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28. UROLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [4]	Total Residencies Offered [4]	Length of Approved Program (Years)	Beginning Stipend (Months)
Research Hospital [1-3]	Kansas City, Mo.	R. L. Hoffman	541	429	16	5	1	3	3	150
Barnes Hospital [3]	St. Louis	D. K. Rose	864	5,126	15	8	1	3	3	25
Homer G. Phillips Hospital [1-3]	St. Louis	C. Wattenberg	450	2,079	33	7	1	3	3	132.80
Missouri Baptist Hospital [1-3]	St. Louis	C. E. Burford	946	....	17	5	1	1	1	150
Missouri Pacific Hospital [3]	St. Louis	A. E. Vitt	812	1,622	9	4	1	2	2	140
St. Louis City Hospital [1-3]	St. Louis	C. Wattenberg								
		W. Melick	396	2,200	64	23	1	3	3	132.80
St. Mary's Group of Hospitals [1-3]	St. Louis	C. E. Burford	619	2,411	13	4	1	3	3	65
Atlantic City Hospital [1-3]	Atlantic City, N. J.	C. H. Shivers	827	3,340	5	..	1	1	2	150
Bayonne Hospital and Dispensary [1-3]	Bayonne, N. J.	A. J. Balsamo	719	489	7	4	1	3	3	100
Cooper Hospital [1-3]	Camden, N. J.	R. R. Betancourt	573	2,269	11	6	1	2	2	....
Jersey City Medical Center [1-3]	Jersey City, N. J.	E. J. Daly	540	5,008	25	6	1	3	3	100
Newark City Hospital [1-3]	Newark, N. J.	E. Seidman								
		K. Wheeler	490	3,380	50	8	2	4	3	125
Orange Memorial Hospital [1-3]	Orange, N. J.	W. P. Burpeau								
		J. K. deVries	567	580	21	10	1	2	2	100
Albany Hospital [1-3]	Albany, N. Y.	J. E. Heslin	888	1,064	28	12	1	2	3	110
Jewish Hospital [1-3]	Brooklyn	L. Baretz	706	1,408	28	10	1	2	2	50
Kings County Hospital [1-3]	Brooklyn	G. Horton								
		F. Senger	1,208	5,986	146	20	2	4	3	90
Long Island College Hospital [1-3]	Brooklyn	F. L. Senger	711	3,054	25	4	1	3	3	25
Maimonides Hospital [1-3]	Brooklyn	....	695	1,012	26	9	..	2	3	75
Methodist Hospital [1-3]	Brooklyn	O. P. Schoenemann	630	969	12	3	1	1	3	75
Buffalo General Hospital [1-3]	Buffalo	O. J. Oberkircher	566	1,304	13	6	..	1	3	125
Edward J. Meyer Memorial Hospital [1-3]	Buffalo	G. E. Slotkin	476	1,363	46	15	1	3	3	179
Millard Fillmore Hospital [1-3]	Buffalo	G. E. Slotkin	687	....	11	3	1	3	3	150
Queen's General Hospital [1-3]	Jamaica, N. Y.	B. Derrah	483	5,197	59	25	1	3	3	90
Bellevue Hospital Center										
Division II—Cornell University [1-3]	New York City	J. Draper	642	4,916	27	6	4	7	3	60
Division IV—New York University Post-Graduate Medical School [1-3]	New York City	R. S. Hotchkiss	665	3,525	26	10	2	7	3	80
Beth Israel Hospital [1-3]	New York City	S. F. Wilhelm	807	1,361	16	3	1	3	3	60
Francis Delafield Hospital	New York City	....	....	....	..	..	..	..	3	....
French Hospital [1-3]	New York City	J. D. Cooney	427	1,460	6	5	1	3	3	40
Lincoln Hospital [1-3]	New York City	E. P. Twinem	....	....	..	..	1	3	3	60
Metropolitan Hospital [1-3]	New York City	T. Kirwin	615	2,359	34	8	1	2	2	90
Morrisania City Hospital [1-3]	New York City	J. Duff	802	3,440	37	11	1	4	3	80
Mount Sinai Hospital [1-3]	New York City	G. D. Oppenheimer	998	3,445	19	11	2	3	3	50
New York City Hospital [1-3]	New York City	J. M. Morrissey	501	2,227	40	10	1	3	3	50
New York Hospital [1-3]	New York City	V. Marshall	1,448	11,380	20	12	2	5	3	25
New York Polyclinic Medical School and Hospital [3]	New York City	J. S. Ritter	509	2,732	16	6	1	3	3	75
New York University-Bellevue Medical Center										
University Hospital	New York City	(See Bellevue Hospital Center, Division IV)								
Presbyterian Hospital [3]	New York City	G. F. Cahill	1,395	8,510	32	9	2	6	3	208.33
Roosevelt Hospital [1-3]	New York City	S. A. Belsler	566	3,688	15	4	1	3	3	....
St. Clare's Hospital [1-3]	New York City	G. A. Fiedler	455	6.2	11	3	1	3	3	50
St. Luke's Hospital [1-3]	New York City	J. H. Taylor	556	4,091	14	4	1	2	3	60
Strong Memorial-Rochester Municipal Hospitals [1-3]	Rochester, N. Y.	W. W. Scott	668	2,871	..	..	1	3	3	41.66
Sea View Hospital [1-3]	Staten Island, N. Y.	A. Greenberger	748	....	5	1	1	1	1	140
Charlotte Memorial Hospital [1-3]	Charlotte, N. C.	E. M. McKay	1,264	381	8	4	1	3	3	150
Duke Hospital [1-3]	Durham, N. C.	E. P. Alyea	613	4,036	12	6	1	3	3	41.66
Watts Hospital [3]	Durham, N. C.	W. M. Coppridge	599	180	5	3	1	3	2	75
North Carolina Baptist Hospital [3]	Winston-Salem, N. C.	F. K. Garvey	586	2,751	7	2	1	3	3	41.66
Cincinnati General Hospital [1-3]	Cincinnati	T. B. Wayman	653	3,799	69	23	1	2	3	....
City Hospital [1-3]	Cleveland	H. Trattner	333	3,149	32	13	..	2	3	94
Cleveland Clinic Hospital [1-3]	Cleveland	C. C. Higgins	1,087	19,343	19	12	2	7	3	150
University Hospital [1-3]	Cleveland	W. D. Hobien	883	2,846	18	8	..	1	2	25
University Hospitals										
Ohio State University Hospital [1-3]	Columbus, Ohio	W. N. Taylor	527	1,848	17	7	..	3	3	125
Huron Road Hospital [1-3]	East Cleveland, Ohio	V. C. Lauzhlin	524	211	10	2	1	2	3	210
St. Vincent's Hospital [1-3]	Toledo, Ohio	L. P. Dolan	1,074	....	22	5	1	3	3	200
University Hospitals [1-3]	Oklahoma City	B. A. Hayes	229	3,322	7	2	1	1	3	75
Tillman Memorial Hospital [1-3]	Tilleya, Okla.	H. M. Cohenour	358	....	5	1	1	1	2	150
St. John's Hospital [1]	Tulsa, Okla.	H. S. Browne	769	....	16	6	1	2	3	150
St. Vincent's Hospital [1-3]	Portland, Ore.	T. R. Montgomery	864	....	27	15	1	1	2	150
University of Oregon Medical School Hospitals and Clinics [1-3]	Portland, Ore.	C. Hodges	394	3,650	13	11	1	4	3	85
Allentown Hospital [3]	Allentown, Pa.	W. C. Masonheimer	950	191	20	5	1	1	2	150
George F. Geisinger Memorial Hospital [1-3]	Danville, Pa.	W. I. Buchert	1,034	9,134	14	6	..	2	3	100
St. Vincent's Hospital [1-3]	Erie, Pa.	E. Hess	971	....	17	11	1	1	3	50
Harrisburg Hospital [1-3]	Harrisburg, Pa.	S. L. Grossman	536	1,988	7	..	1	2	2	100
Episcopal Hospital [1]	Philadelphia	G. D. Shoup	514	671	15	9	2	2	3	150
Germantown Dispensary and Hospital [1-3]	Philadelphia	S. Q. West	336	503	12	6	1	1	1	150
Graduate Hospital of the University of Pennsylvania [1-3]	Philadelphia	F. Harrison	200	3,168	8	2	1	1	2	....
Hahnemann Medical College and Hospital [1-3]	Philadelphia	E. E. Campbell	984	2,111	20	12	1	3	3	50
Hospital of the University of Pennsylvania [1-3]	Philadelphia	P. B. Hughes	697	2,608	11	6	..	3	3	....
Jefferson Medical College Hospital [3]	Philadelphia	T. R. Fetter	1,076	5,485	17	6	..	..	3	50
Lankenau Hospital [1]	Philadelphia	C. A. W. Uhle	342	672	9	6	..	1	2	50
Mount Sinai Hospital [1-3]	Philadelphia	M. Muschat								
		I. Carp	409	470	3	3	1	1	2	75
Pennsylvania Hospital [1-3]	Philadelphia	T. B. Fetter	564	2,472	20	11	2	2	3	20
Philadelphia General Hospital [1-3]	Philadelphia	L. McCrea	396	2,902	31	14	2	6	3	112
Presbyterian Hospital [1-3]	Philadelphia	F. G. Harrison	400	4,250	16	13	1	2	3	25
Temple University Hospital [1-3]	Philadelphia	K. B. Conger	604	1,527	16	9	..	2	3	....
Allegheny General Hospital [1-3]	Pittsburgh	....	529	480	10	2	..	2	3	150
Mercy Hospital [1-3]	Pittsburgh	E. J. McCague	493	642	12	3	..	1	3	150
Pittsburgh Medical Center [1-3]	Pittsburgh	J. J. Lee	485	1,765	11	5	1	3	3	41.66
Robert Packer Hospital [1-3]	Sayre, Pa.	W. Baurys	429	727	20	10	1	1	3	150
Mercy Hospital [1]	Wilkes-Barre, Pa.	P. P. Mayock	338	503	6	3	1	1	1	200
Wilkes-Barre General Hospital [1-3]	Wilkes-Barre, Pa.	W. J. Daw	731	530	17	5	1	1	2	150
Rhode Island Hospital [1-3]	Providence, R. I.	H. K. Turner	608	1,724	37	20	1	2	2	60
Roper Hospital [1-3]	Charleston, S. C.	J. J. Ravenel	638	1,565	8	..	1	3	3	50
Orangeburg Regional Hospital [3]	Orangeburg, S. C.	L. P. Thackston	1,522	8,836	14	10	1	3	3	150
Baptist Memorial Hospital [1-3]	Memphis	R. F. Mayer	1,227	468	18	2	1	3	1	75
John Gaston Hospital [1-3]	Memphis	T. Moore	700	5,647	23	12	2	6	3	85

Numerical and other references will be found on page 363.

28. UROLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
St. Joseph Hospital [1-3]	Memphis	C. D. Allen	588	337	17	4	1	3	3	100
Nashville General Hospital [3]	Nashville	C. Haines	3,02	1,767	13	3	1	2	2	100
Parkland Hospital [1-3]	Dallas, Texas	H. Spence	374	3,421	13	6	..	2	3	50
University of Texas Medical Branch Hospitals [1-3,29]	Galveston, Texas	R. E. Cone	463	4,490	9	4	1	3	3	75
Hermann Hospital [1-3]	Houston, Texas	C. M. Crieher	1,413	1,112	19	6	1	3	3	75
Jefferson Davis Hospital [1-3]	Houston, Texas	J. R. Blundell	390	5,709	29	6	..	2	3	75
St. Joseph's Infirmary [2]	Houston, Texas	M. K. O'Heeron	704	...	11	6	1	1	1	100
Wichita Falls Clinic-Hospital	Wichita Falls, Texas	J. R. Reagan	335	8,513	2	..	1	3	3	300
Mary Fletcher Hospital [1-3, 104]	Burlington, Vt.	P. R. Powell	266	858	8	7	1	2	3	50
University of Virginia Hospital [1-3]	Charlottesville, Va.	S. A. Vest	698	2,695	19	11	1	3	3	50
Medical College of Virginia—Hospital Division [1-3]	Richmond, Va.	A. I. Dodson	771	2,600	22	9	1	3	3	50
St. Mary's Hospital [1-3]	Huntington, W. Va.	R. M. Bobbit	833	...	18	5	1	3	3	125
La Crosse Lutheran Hospital [1-3]	La Crosse, Wis.	A. H. Gundersen	443	...	15	7	1	1	1	2.0
Madison General Hospital [1-3]	Madison, Wis.	I. R. Sisk	642	...	22	11	1	3	3	150
University Hospitals State of Wisconsin General Hospital [3]	Madison, Wis.	J. B. Wear	585	...	16	12	1	3	3	50
Milwaukee County Hospital [3]	Milwaukee	R. S. Irwin	1,140	1,963	43	12	1	3	2	100.60

Numerical and Other References

1. Appointments available to women applicants.
2. Approved for training in syphilology only.
3. Appointments available to graduates of foreign medical schools.
4. Clinical data included in neurology.
5. Clinical data included in otolaryngology.
6. Clinical data included in psychiatry.
7. Approved as offering acceptable affiliated training (maximum three months) in concurrence with the American Board of Pediatrics.
8. Includes fellowships.
9. Maximum of six months training in contagious diseases accepted by the American Board of Pediatrics.
10. May include training in allergy.
11. May include fellowship training in cardiology.
12. May include one year of fellowship in division of Endocrinology.
13. Includes one year fellowship in Immunohe-Hematology.
14. May include training "Home Care" Service.
15. May include one year in the Medical Research Institute (and Postgraduate School.)
16. Includes one year fellowships available in psychosomatic medicine.
17. May include one year fellowship in the Department of Oncology.
18. Additional year of training including pathology, University of Chicago Clinics available.
19. May include six months assignment to Department of Rehabilitation and Physical Medicine approved program.
20. May include one year of training in the Department of Surgical Pathology.
21. Primary service at Chicago Tumor Institute.
22. May include one year of training in Chronic Diseases at Jewish Hospital, Roxbury, or Holy Ghost Hospital, Cambridge, Mass.
23. Includes six months assignment, Ohio State University Medical School, Columbus, Ohio.
24. May include assignment to the Institute for Cancer Research and Lankenau Hospital Research Institute, Philadelphia.
25. Includes assignment at Urologic Clinic, Philadelphia.
26. Apply: Office of Graduate Medical Education; University of Colorado Medical Center.
27. Apply: Director, Graduate Division, Northwestern University Medical School, 303 East Chicago Avenue, Chicago 11, Illinois.
28. Apply: Medical College, State of South Carolina.

The following hospitals offer acceptable training which is integrated with or contributing to the fully approved program in the listing of which the footnote reference appears.

29. Cowell Memorial Hospital, Berkeley, Calif.
30. Samuel Merritt Hospital, Oakland, Calif.
31. Franklin Hospital, San Francisco.
32. San Francisco Hospital, San Francisco.
33. Stanford University Hospital, San Francisco.
34. University of California Hospital, San Francisco.
35. Fairmont Hospital of Alameda County, San Leandro, Calif.
36. Glockner-Penrose Hospital, Colorado Springs, Colorado.
37. Includes affiliating services at the Yale Psychiatric Clinic, Department of University Health Division of Psychiatry (Fry) Child Study Center (Senn); Newington Veterans Administration Hospital, Connecticut State Hospital; Fairfield State Hospital; Norwich State Hospital.
38. Veterans Administration Hospital, Newington, Conn.
39. Children's Hospital, Washington, D. C.
40. Gallinger Municipal Hospital, Washington, D. C.
41. Veterans Administration Hospital, Washington, D. C.
42. Walter Reed General Hospital and Army Medical Department Research and Graduate School.
43. National Children's Cardiac Home, Miami, Fla.
44. Emory University Hospitals and Clinics, Emory University, Ga.
45. Booth Memorial Home and Hospital, Chicago.
46. May include six months training at Children's Memorial Hospital.
47. Passavant Hospital, Chicago.
48. Roseland Community Hospital, Chicago.
49. St. Vincent's Infant and Maternity Hospital, Chicago.
50. Third year, by special arrangement, at Cook County Hospital, Chicago, or Veterans Administration Hospital, Hines, Illinois.
51. Lincoln State School and Colony, Lincoln, Illinois.
52. Veterans Administration Hospital, Indianapolis.
53. South Bend Medical Foundation, South Bend, Ind.
54. Louisville General Hospital and Louisville Children's Hospital.
55. Norton Infirmary and Veterans Administration Hospital, Louisville General Hospital, Louisville, Ky.
56. University of Louisville School of Medicine, Department of Psychiatry and Mental Hygiene includes training at the Louisville Mental Hygiene Clinic and Child Study School (Bernstein); Central State Hospital (Yobe); Veterans Administration Hospitals, Louisville and Lexington, (Moore and Williams).
57. Includes 6 months of training at the Veterans Administration Hospital, Louisville, Ky.
58. Prince George General Hospital, Cheverly, Md.
59. Beverly Hospital, Beverly, Mass.
60. Boston Lying-In Hospital, Boston.
61. Maternity Hospital, Boston.
62. Free Hospital for Women, Brookline, Mass.
63. Lakeville State Sanitarium, Middleboro, Mass.
64. Veterans Administration Hospital, Dearborn, Michigan.
65. St. Joseph's Hospital, Pontiac, Mich.
66. Minneapolis General Hospital and Veterans Administration Hospital, Minneapolis, and Veterans Administration Hospital, St. Cloud, Minn.
67. Veterans Administration Hospital, Minneapolis.
68. Ancker Hospital, St. Paul, Minn.
69. St. Louis Maternity Hospital, St. Louis, Mo.
70. Bryan Memorial Hospital, Lincoln, Neb.
71. Children's Memorial Hospital, Omaha, Neb.
72. Nebraska Methodist Hospital, Omaha, Neb.
73. Mary Hitchcock Memorial Hospital, Hanover, N. H.
74. Beekman-Downtown Hospital, New York City.
75. Francis Delafield Hospital, New York City.
76. Gouverneur Hospital, New York City.
77. Hospital for Special Surgery.
78. University Hospital, New York City.
79. Willard Parker Hospital, New York City.
80. Genesee Hospital, Rochester, N. Y.
81. Crouse Irving Hospital, University Hospital of the Good Shepherd, Syracuse Memorial Hospital, Syracuse Psychopathic Hospital, City Hospital of Communicable Diseases.
82. Grasslands Hospital, Valhalla, New York.
83. St. Agnes Hospital, White Plains, N. Y.
84. Will include third year of training at Cook County Hospital or Veterans Administration Hospital, Chicago.
85. Children's Hospital, Columbus, Ohio.
86. Good Samaritan and St. Vincent's Hospitals, Portland, Oregon.
87. Veterans Administration Hospital, Portland, Oregon.
88. Veterans Administration Hospital, Aspinwall, Penna.
89. Zem Zem Hospital, Erie, Penna.
90. Children's Hospital of Philadelphia.
91. Veterans Administration Hospital, Memphis, Tenn.
92. Philadelphia Hospital for Contagious Diseases, Philadelphia.
93. Presbyterian Hospital, Woman's Hospital, Pittsburgh Eye and Ear Hospital, Elizabeth Steele Magee Hospital, Children's Hospital and Western Psychiatric Institute and Clinic, Pittsburgh.
94. Third year of training available at Vanderbilt University Hospital, Nashville, Tenn.
95. Milwaukee Hospital and Martha Washington Home, Milwaukee.
96. City-County Hospital, Dallas, Texas.
97. Woodlawn Hospital, Dallas, Texas (Pulmonary Diseases).
98. Galveston State Psychopathic Hospital, Galveston, Texas.
99. John Sealy Hospital, Galveston, Texas.
100. Veterans Administration Hospital, Legion, Texas.
101. Brooke General Hospital, 4th Army Medical Laboratory, and Medical Field Service School.
102. Dr. W. H. Groves Latter-Day Saints Hospital, Holy Cross Hospital, St. Mark's Hospital, Salt Lake County General Hospital, Veterans Administration Hospital, Salt Lake City.
103. Shriners Hospital for Crippled Children, Salt Lake City.
104. Bishop Decloesbriand Hospital, Burlington, Vt.
105. Alexandria Hospital, Alexandria, Va.
106. Arlington Hospital, Arlington, Va.
107. Lynchburg General Hospital, Lynchburg, Va.
108. Stuart Circle Hospital, Richmond, Va.
109. Children's Orthopedic Hospital, Seattle, Wash.
110. Swedish Hospital, Seattle, Wash.
111. Milwaukee County Hospitals and Institutions.
112. Third year of training available at Salt Lake County General Hospital, Salt Lake City.
113. Roosevelt Hospital, New York City.
114. Service in laryngeal surgery and broncho-esophagology also available.
115. Governor Bacon Health Center, Delaware City, Del.

HOSPITALS APPROVED FOR RESIDENCY TRAINING

Number of Hospitals, 1161; Number of Programs, 20,971

Name of Hospital	Location	Approved Residencies
Baptist Hospital	Birmingham, Ala.	Path.
Carraway Methodist Hospital •	Birmingham, Ala.	Int. Med., Ped., Surg., Urol.
Children's Hospital	Birmingham, Ala.	Ped.
Jefferson-Hillman Hospital •	Birmingham, Ala.	Anes., Derm. Syph., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Lloyd Noland Hospital •	Fairfield, Ala.	Anes., Derm. Syph., Int. Med., Obst., Ortho. Surg., Path., Ped., Surg. Urol.
City Hospital •	Mobile, Ala.	Int. Med., Ortho. Surg., Ped., Surg.
Veterans Admin. Hospital	Tuskegee, Ala.	Int. Med., Ophth. Psych., Rad., Surg
Good Samaritan Hospital •	Phoenix, Ariz.	Ob.-Gyn.
Maricopa County General Hospital •	Phoenix, Ariz.	Gen'l Pract., Surg.
Memorial Hospital •	Phoenix, Ariz.	Int. Med., Obst., Rad., Surg.
St. Joseph's Hospital •	Phoenix, Ariz.	Surg.
St. Mary's Hospital and Sanatorium •	Tucson, Ariz.	Gen'l Pract., Int. Med.
Tucson Medical Center •	Tucson, Ariz.	Int. Med., Surg.
Army-Navy General Hospital •	Hot Springs, Ark.	Surg.
Leo N. Levi Memorial Hospital	Hot Springs, Ark.	Gen'l Pract.
Arkansas Baptist Hospital •	Little Rock, Ark.	Int. Med., Ophth., Surg.
Arkansas Children's Home and Hospital	Little Rock, Ark.	Ortho. Surg.
Arkansas State Hospital	Little Rock, Ark.	Psych.
St. Vincent Infirmary •	Little Rock, Ark.	Surg.
University Hospital •	Little Rock, Ark.	Anes., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg., Urol.
Veterans Admin. Hospital •	Little Rock, Ark.	Int. Med., Surg.
Veterans Admin. Hospital	North Little Rock, Ark.	Psych.
Agnews State Hospital	Agnew, Calif.	Psych.
General Hospital of Riverside County •	Arlington, Calif.	Gen'l Pract., Int. Med., Surg.
Kern General Hospital	Bakersfield, Calif.	Gen'l Pract., Int. Med., Path., Ped.
Herrick Memorial Hospital •	Berkeley, Calif.	Int. Med., Ob.-Gyn., Path., Psych., Rad.
U. S. Army Hospital	Camp Cooke, Calif.	Surg.
Compton Sanitarium	Compton, Calif.	Psych.
Los Angeles Sanatorium	Duarte, Calif.	Pul. Dis., Thor. Surg.
San Joaquin General Hospital •	French Camp, Calif.	Int. Med., Ob.-Gyn., Ped., Rad., Surg.
General Hospital of Fresno County •	Fresno, Calif.	Int. Med., Ophth., Ped., Rad., Surg.
Glendale Sanitarium and Hospital •	Glendale, Calif.	Int. Med., Ob.-Gyn., Path., Surg.
Napa State Hospital	Imola, Calif.	Psych.
Arroyo-Del Valle Sanatorium	Livermore, Calif.	Pul. Dis.
Loma Linda Sanitarium and Hospital •	Loma Linda, Calif.	Path.
Seaside Memorial Hospital •	Long Beach, Calif.	Int. Med., Ob.-Gyn., Ped., Rad., Surg.
Veterans Admin. Hospital •	Long Beach, Calif.	Allergy, Card. Dis., Derm. Syph., Gastro., Int. Med., Neur., Neuro. Surg., Ophth., Otol., Ortho. Surg., Path., Phys. Med., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Barlow Sanatorium	Los Angeles, Calif.	Pul. Dis.
California Babies' and Children's Hospital	Los Angeles, Calif.	Ped.
California Hospital •	Los Angeles, Calif.	Int. Med., Obst., Path., Surg.
Cedars of Lebanon Hospital •	Los Angeles, Calif.	Int. Med., Neuro. Surg., Path., Rad., Surg.
Children's Hospital •	Los Angeles, Calif.	Ortho. Surg., Path., Ped.
Eye and Ear Hospital	Los Angeles, Calif.	Ophth., Otol.
Hospital of the Good Samaritan •	Los Angeles, Calif.	Int. Med., Ob.-Gyn., Path., Rad., Surg.
Los Angeles County Hospital •	Los Angeles, Calif.	Anes., Derm. Syph., Gen'l Pract., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.
Methodist Hospital of Southern California •	Los Angeles, Calif.	Gen'l Pract.
Orthopedic Hospital	Los Angeles, Calif.	Ortho. Surg.
Presbyterian Hospital-Olmsted Memorial •	Los Angeles, Calif.	Int. Med., Mal. Dis., Ob.-Gyn., Surg., Urol.
Queen of Angels Hospital •	Los Angeles, Calif.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
St. Vincent's Hospital •	Los Angeles, Calif.	Int. Med., Rad., Surg.
Santa Fe Coast Lines Hospital •	Los Angeles, Calif.	Surg.
Veterans Admin. Hospital •	Los Angeles, Calif.	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ophth., Otol., Ortho. Surg., Path., Proct., Psych., Rad., Surg., Urol.
White Memorial Hospital •	Los Angeles, Calif.	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Rad., Surg., Urol.
Bret Harte Sanatorium	Murphys, Calif.	Pul. Dis.
Norwalk State Hospital	Norwalk, Calif.	Psych.
Children's Hospital of the East Bay	Oakland, Calif.	Ped.
Highland-Alameda County Hospital •	Oakland, Calif.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg., Thor. Surg.
Peralta Hospital	Oakland, Calif.	Surg.
Permanente Hospital •	Oakland, Calif.	Int. Med., Ob.-Gyn., Path., Ped., Surg.
Samuel Merritt Hospital	Oakland, Calif.	Anes., Ob.-Gyn., Ortho. Surg., Surg.
U. S. Naval Hospital •	Oakland, Calif.	Anes., Int. Med., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Olive View Sanatorium	Olive View, Calif.	Thor. Surg.
Veterans Admin. Hospital	Palo Alto, Calif.	Psych.
Collis P. and Howard Huntington Memorial Hosp. •	Pasadena, Calif.	Int. Med., Mal. Dis., Ob.-Gyn., Path., Rad., Surg.
Patton State Hospital	Patton, Calif.	Psych.
Sequoia Hospital	Redwood City, Calif.	Gen'l Pract.
Sacramento County Hospital •	Sacramento, Calif.	Gen'l Pract.
Sutter General Hospital	Sacramento, Calif.	Rad.
Monterey County Hospital	Salinas, Calif.	Gen'l Pract.
San Bernardino County Charity Hospital •	San Bernardino, Calif.	Path., Surg.
Mercy Hospital •	San Diego, Calif.	Int. Med., Ob.-Gyn., Path., Surg.
San Diego County General Hospital •	San Diego, Calif.	Int. Med., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Pul. Dis., Rad., Surg., Urol.
U. S. Naval Hospital •	San Diego, Calif.	Derm. Syph., Int. Med., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Psych., Rad., Surg., Urol.
Children's Hospital •	San Francisco, Calif.	Con. Dis., Int. Med., Ob.-Gyn., Otol., Ortho. Surg., Ped., Rad., Surg.
Franklin Hospital •	San Francisco, Calif.	Anes., Int. Med., Neuro. Surg., Ophth., Ortho. Surg., Path., Plas. Surg., Rad., Surg., Urol.
French Hospital •	San Francisco, Calif.	Anes., Int. Med., Path., Surg.
Green's Eye Hospital	San Francisco, Calif.	Ophth.
Langley Porter Clinic-Hospital	San Francisco, Calif.	Psych.
Letterman Army Hospital •	San Francisco, Calif.	Anes., Card. Dis., Derm. Syph., Gastro., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.
Mary's Help Hospital •	San Francisco, Calif.	Int. Med., Ob.-Gyn., Surg.
Mount Zion Hospital •	San Francisco, Calif.	Int. Med., Path., Ped., Psych., Surg.
St. Francis Memorial Hospital	San Francisco, Calif.	Gen'l Pract., Ob.-Gyn., Plas. Surg., Rad.

• Indicates hospitals approved for training interns.

Name of Hospital	Location	Approved Residencies
St. Joseph's Hospital *	San Francisco, Calif.	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Surg.
St. Luke's Hospital *	San Francisco, Calif.	Int. Med., Path., Surg.
St. Mary's Hospital*	San Francisco, Calif.	Int. Med., Obst., Ortho. Surg., Ped., Rad., Surg.
San Francisco Hospital *	San Francisco, Calif.	Int. Med., Ob.-Gyn., Ortho. Surg., Otol., Pul. Dis., Surg.
Shriners Hospital for Crippled Children	San Francisco, Calif.	Ortho. Surg.
Southern Pacific General Hospital *	San Francisco, Calif.	Int. Med., Surg., Urol.
Stanford University Hospital *	San Francisco, Calif.	Anes., Derm. Syph., Int. Med., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
U. S. Public Health Service Hospital *	San Francisco, Calif.	Int. Med., Surg.
University of California Hospital *	San Francisco, Calif.	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Veterans Admin. Hospital	San Francisco, Calif.	Anes., Int. Med., Neur., Neuro. Surg., Ophth., Otol., Ortho. Surg., Path., Rad., Surg., Urol.
Santa Clara County Hospital *	San Jose, Calif.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Pul. Dis., Surg., Urol.
Fairmont Hospital of Alameda County	San Leandro, Calif.	Pul. Dis.
Community Hospital of San Mateo County *	San Mateo, Calif.	Gen'l Pract., Int. Med., Surg.
Santa Barbara Cottage Hospital *	Santa Barbara, Calif.	Int. Med., Path., Rad., Surg.
Santa Barbara General Hospital	Santa Barbara, Calif.	Surg.
St. John's Hospital *	Santa Monica, Calif.	Ob.-Gyn., Surg.
Santa Monica Hospital *	Santa Monica, Calif.	Rad.
Sonoma County Hospital	Santa Rosa, Calif.	Gen'l Pract., Ortho. Surg.
Braewood Sanitarium	South Pasadena, Calif.	Psych.
Pacific Colony (State Hospital)	Spadra, Calif.	Psych.
Tulare-Kings Counties Joint Tuberculosis Hospital	Springville, Calif.	Pul. Dis.
Harbor General Hospital *	Torrance, Calif.	Int. Med., Ob.-Gyn., Ped., Surg., Thor. Surg., Urol.
Glockner-Penrose Hospital *	Colorado Springs, Colo.	Gen'l Pract., Int. Med., Rad.
St. Francis Hospital	Colorado Springs, Colo.	Gen'l Pract., Path., Rad.
Childrens Hospital	Denver, Colo.	Ortho. Surg., Path., Ped., Surg.
University of Colorado Medical Center		
Colorado General Hospital *	Denver, Colo.	Anes., Derm. Syph., Gen'l Pract., Int. Med., Neur., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Rad., Surg., Urol.
Colorado Psychopathic Hospital	Denver, Colo.	Psych.
Denver General Hospital *	Denver, Colo.	Anes., Gen'l Pract., Int. Med., Ob.-Gyn., Otol., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Fitzsimons Army Hospital *	Denver, Colo.	Anes., Card. Dis., Int. Med., Neur., Ob.-Gyn., Ophth., Ortho., Path., Ped., Phys. Med., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
General Rose Memorial Hospital *	Denver, Colo.	Rad.
Mercy Hospital *	Denver, Colo.	Int. Med., Surg.
National Jewish Hospital	Denver, Colo.	Pul. Dis., Thor. Surg.
Presbyterian Hospital *	Denver, Colo.	Path., Rad., Surg.
St. Anthony Hospital *	Denver, Colo.	Int. Med., Surg.
St. Joseph's Hospital *	Denver, Colo.	Int. Med., Ob.-Gyn., Surg.
St. Luke's Hospital *	Denver, Colo.	Int. Med., Path., Rad., Surg.
Veterans Admin. Hospital	Denver, Colo.	Anes., Int. Med., Ortho. Surg., Path., Phys. Med., Rad., Surg.
Colorado State Hospital	Pueblo, Colo.	Int. Med., Path., Psych., Surg.
Corwin Hospital *	Pueblo, Colo.	Int. Med., Surg.
Bridgeport Hospital *	Bridgeport, Conn.	Anes., Int. Med., Obst., Path., Rad., Surg.
St. Vincent's Hospital *	Bridgeport, Conn.	Int. Med., Obst., Surg.
Hartford Hospital *	Hartford, Conn.	Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg.
Institute of Living	Hartford, Conn.	Psych.
J. J. McCook Memorial Hospital *	Hartford, Conn.	Surg.
St. Francis Hospital *	Hartford, Conn.	Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Path., Ped., Surg.
Connecticut State Hospital	Middletown, Conn.	Psych.
Middlesex Hospital *	Middletown, Conn.	Path.
New Britain General Hospital *	New Britain, Conn.	Int. Med., Ob.-Gyn., Path., Surg.
Silver Hill Foundation	New Canaan, Conn.	Psych.
Grace-New Haven Community Hospital		
Grace Unit *	New Haven, Conn.	Int. Med., Ob.-Gyn., Rad., Surg.
New Haven Unit (University Service) *	New Haven, Conn.	Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Thor. Surg., Urol.
Hospital of St. Raphael *	New Haven, Conn.	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Newington Home and Hospital for Crippled Children	Newington, Conn.	Ortho. Surg.
Veterans Admin. Hospital *	Newington, Conn.	Int. Med., Path., Psych., Rad., Surg., Urol.
Lawrence and Memorial Associated Hospitals *	New London, Conn.	Int. Med., Ob.-Gyn., Surg.
Fairfield State Hospital	Newtown, Conn.	Psych.
Norwalk Hospital *	Norwalk, Conn.	Int. Med., Obst., Path., Surg.
Norwich State Hospital	Norwich, Conn.	Psych.
Norwich State Tuberculosis Sanatorium	Norwich, Conn.	Pul. Dis., Thor. Surg.
Connecticut State Veterans Home and Hospital for Chronic Illness	Rocky Hill, Conn.	Phys. Med.
Laurel Heights State Tuberculosis Sanatorium	Shelton, Conn.	Pul. Dis.
Stamford Hospital *	Stamford, Conn.	Path.
Charlotte Hungerford Hospital	Torrington, Conn.	Gen'l Pract.
St. Mary's Hospital *	Waterbury, Conn.	Int. Med., Path., Rad., Surg.
Waterbury Hospital *	Waterbury, Conn.	Int. Med., Path., Ped., Rad., Surg., Urol.
Delaware State Hospital	Farnhurst, Del.	Psych.
Alfred I. duPont Institute of Nemours Foundation	Wilmington, Del.	Ortho. Surg.
Delaware Hospital *	Wilmington, Del.	Int. Med., Path., Ped., Rad., Surg., Urol.
Memorial Hospital *	Wilmington, Del.	Int. Med., Path., Surg.
Wilmington General Hospital *	Wilmington, Del.	Gen'l Pract., Int. Med.
Armed Forces Institute of Pathology	Washington, D. C.	Path.
Army Medical Center *	Washington, D. C.	Allergy, Anes., Card. Dis., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Psych., Rad., Thor. Surg., Urol.
Central Dispensary and Emergency Hospital *	Washington, D. C.	Int. Med., Rad., Surg.
Children's Hospital	Washington, D. C.	Path., Ped.
Columbia Hospital for Women and Lying-In Asylum	Washington, D. C.	Ob.-Gyn.
Doctors Hospital *	Washington, D. C.	Anes., Int. Med., Ob.-Gyn., Path., Rad., Surg.
Eastern Dispensary and Casualty Hospital	Washington, D. C.	Gen'l Pract.
Episcopal Eye, Ear, and Throat Hospital	Washington, D. C.	Ophth., Otol.
Freedmen's Hospital *	Washington, D. C.	Derm. Syph., Int. Med., Neur., Ob.-Gyn., Ophth., Ortho. Surg., Ped., Pul. Dis., Rad., Surg., Urol.
Gallinger Municipal Hospital *	Washington, D. C.	Anes., Int. Med., Neur., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Garfield Memorial Hospital *	Washington, D. C.	Anes., Int. Med., Ob.-Gyn., Path., Rad., Surg.
Georgetown University Hospital *	Washington, D. C.	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Path., Ped., Psych., Rad., Surg.
George Washington University Hospital *	Washington, D. C.	Anes., Card. Dis., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Path., Phys. Med., Psych., Rad., Surg.
Providence Hospital *	Washington, D. C.	Int. Med., Ob.-Gyn., Path., Ped., Surg.
St. Elizabeth's Hospital *	Washington, D. C.	Neur., Psych., Surg.

* Indicates hospitals approved for training interns.

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Name of Hospital	Location	Approved Residencies
Sibley Memorial Hospital *	Washington, D. C.	Ob.-Gyn., Path., Surg.
Tuberculosis Sanatorium (Glendale, Md.)	Washington, D. C.	Pul. Dis.
Veterans Admin. Hospital	Washington, D. C.	Anes., Int. Med., Neur., Otol., Path., Rad., Surg., Urol.
Veterans Admin. Hospital	Coral Gables, Fla.	Int. Med., Path., Surg.
Halifax District Hospital	Daytona Beach, Fla.	Gen'l Pract.
Duval Medical Center *	Jacksonville, Fla.	Int. Med., Ob.-Gyn., Ped., Psych., Surg., Urol.
Hope Haven Hospital	Jacksonville, Fla.	Ortho. Surg.
Riverside Hospital	Jacksonville, Fla.	Anes., Int. Med., Surg.
St. Luke's Hospital *	Jacksonville, Fla.	Gen'l Pract., Int. Med., Obst., Surg.
St. Vincent's Hospital *	Jacksonville, Fla.	Gen'l Pract., Int. Med., Neuro. Surg., Ob.-Gyn., Path., Ped., Surg., Urol.
Jackson Memorial Hospital *	Miami, Fla.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Mount Sinai Hospital *	Miami Beach, Fla.	Anes., Int. Med.
St. Francis Hospital *	Miami Beach, Fla.	Int. Med., Surg.
Orange Memorial Hospital *	Orlando, Fla.	Int. Med., Ob. Gyn., Surg., Urol.
American Legion Hospital for Crippled Children	St. Petersburg, Fla.	Ortho. Surg.
Tampa Municipal Hospital *	Tampa, Fla.	Int. Med., Ob.-Gyn., Otol., Psych., Surg.
Crawford W. Long Memorial Hospital *	Atlanta, Ga.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Georgia Baptist Hospital *	Atlanta, Ga.	Surg.
Grady Memorial Hospital *	Atlanta, Ga.	Gen'l Pract., Int. Med., Ob.-Gyn., Ophth., Otol., Path., Ped., Rad., Surg., Urol.
Henrietta Egleston Hospital for Children	Atlanta, Ga.	Ped.
Piedmont Hospital *	Atlanta, Ga.	Int. Med., Ob.-Gyn., Rad., Surg.
St. Joseph's Infirmary *	Atlanta, Ga.	Int. Med., Ob.-Gyn., Surg.
University Hospital *	Augusta, Ga.	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Thor. Surg., Urol.
Veterans Admin. Hospital	Augusta, Ga.	Int. Med., Psych., Surg.
Veterans Admin. Hospital *	Chamblee, Ga.	Anes., Int. Med., Ophth., Otol., Path., Rad., Surg., Thor. Surg., Urol.
Columbus City Hospital *	Columbus, Ga.	Gen'l Pract.
Scottish Rite Hospital for Crippled Children	Decatur, Ga.	Ortho. Surg.
Emory University Hospital *	Emory University, Ga.	Anes., Int. Med., Neuro. Surg., Ortho. Surg., Path., Phys. Med., Rad., Surg.
U. S. Army Hospital	Fort Benning, Ga.	Surg.
Macon Hospital *	Macon, Ga.	Gen'l Pract.
Georgia Warm Springs Foundation	Warm Springs, Ga.	Phys. Med.
St. Joseph's Hospital	Alton, Ill.	Gen'l Pract.
MacNeal Memorial Hospital *	Berwyn, Ill.	Gen'l. Pract.
Alexian Brothers Hospital *	Chicago, Ill.	Int. Med., Ortho. Surg., Path., Urol.
American Hospital *	Chicago, Ill.	Anes., Int. Med., Surg.
Augustana Hospital *	Chicago, Ill.	Int. Med., Neuro. Surg., Obst., Path., Rad., Surg.
Chicago Eye, Ear, Nose and Throat Hospital	Chicago, Ill.	Ophth.
Chicago Maternity Center	Chicago, Ill.	Obst.
Chicago Memorial Hospital *	Chicago, Ill.	Neuro. Surg., Surg.
Chicago State Hospital	Chicago, Ill.	Psych.
Children's Memorial Hospital	Chicago, Ill.	Ortho. Surg., Path., Ped., Surg., Thor. Surg.
City of Chicago Municipal Tuberculosis Sanatorium	Chicago, Ill.	Path., Pul. Dis., Thor. Surg.
Cook County Hospital *	Chicago, Ill.	Anes., Con. Dis., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Englewood Hospital *	Chicago, Ill.	Int. Med., Obst., Path., Rad.
Frank Cuneo Memorial Hospital	Chicago, Ill.	Ob.-Gyn.
Franklin Boulevard Community Hospital	Chicago, Ill.	Rad.
Grant Hospital *	Chicago, Ill.	Anes., Gen'l Pract., Int. Med., Ob.-Gyn., Path., Surg.
Henrotin Hospital *	Chicago, Ill.	Int. Med., Obst., Surg.
Hospital of St. Anthony de Padua *	Chicago, Ill.	Int. Med., Obst., Surg.
Illinois Central Hospital *	Chicago, Ill.	Int. Med., Surg.
Illinois Eye and Ear Infirmary	Chicago, Ill.	Ophth., Otol.
Illinois Masonic Hospital *	Chicago, Ill.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Rad., Surg.
Lewis Memorial Maternity Hospital	Chicago, Ill.	Ob.-Gyn.
Loretto Hospital *	Chicago, Ill.	Int. Med., Obst., Psych.
Lutheran Deaconess Home and Hospital *	Chicago, Ill.	Int. Med., Obst., Surg.
Mercy Hospital *	Chicago, Ill.	Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Path., Ped., Proct., Psych., Rad., Surg., Urol.
Michael Reese Hospital *	Chicago, Ill.	Anes., Card. Dis., Derm. Syph., Gastro., Int. Med., Mal. Dis., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.
Mount Sinai Hospital *	Chicago, Ill.	Anes., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg., Urol.
Municipal Contagious Disease Hospital	Chicago, Ill.	Con. Dis.
Northwestern University Medical Center	Chicago, Ill.	Allergy, Derm. Syph., Phys. Med.
Norwegian-American Hospital *	Chicago, Ill.	Int. Med., Path., Surg.
Passavant Memorial Hospital *	Chicago, Ill.	Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Path., Rad., Surg.
Presbyterian Hospital *	Chicago, Ill.	Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Path., Ped., Rad., Surg., Urol.
Provident Hospital *	Chicago, Ill.	Int. Med., Ob.-Gyn., Ophth., Path., Ped., Rad., Surg., Urol.
Ravenswood Hospital *	Chicago, Ill.	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Rad., Surg.
Research and Educational Hospitals *	Chicago, Ill.	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Obst., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Psych., Rad., Surg.
St. Anne's Hospital *	Chicago, Ill.	Int. Med., Obst., Surg.
St. Bernard's Hospital *	Chicago, Ill.	Rad.
St. Elizabeth Hospital *	Chicago, Ill.	Int. Med., Ob.-Gyn., Ortho. Surg., Surg.
St. Joseph Hospital *	Chicago, Ill.	Int. Med., Ob.-Gyn., Ophth., Ped., Surg.
St. Luke's Hospital *	Chicago, Ill.	Anes., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
St. Mary of Nazareth Hospital *	Chicago, Ill.	Int. Med., Path., Surg.
Shriners Hospital for Crippled Children	Chicago, Ill.	Ortho. Surg.
South Shore Hospital	Chicago, Ill.	Gen'l Pract.
Swedish Covenant Hospital *	Chicago, Ill.	Obst.
U. S. Public Health Service Hospital *	Chicago, Ill.	Int. Med.
University of Chicago Clinics *	Chicago, Ill.	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Wesley Memorial Hospital *	Chicago, Ill.	Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Otol., Path., Psych., Rad., Surg., Urol.
Women and Children's Hospital *	Chicago, Ill.	Int. Med., Obst., Surg.
Woodlawn Hospital *	Chicago, Ill.	Int. Med., Ophth., Surg.
Decatur & Macon County Hospital *	Decatur, Ill.	Gen'l Pract.
Dixon State Hospital	Dixon, Ill.	Psych.
Veterans Admin. Hospital	Downey, Ill.	Psych.
Elgin State Hospital	Elgin, Ill.	Psych.
Evanston Hospital *	Evanston, Ill.	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Rad., Surg., Urol.
St. Francis Hospital *	Evanston, Ill.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Rad., Surg., Urol.
Little Company of Mary Hospital *	Evergreen Park, Ill.	Int. Med., Ob.-Gyn., Ped., Rad., Surg.
U. S. Naval Hospital *	Great Lakes, Ill.	Int. Med., Ob.-Gyn., Psych., Rad., Surg.
Veterans Admin. Hospital	Hines, Ill.	Anes., Card. Dis., Derm. Syph., Int. Med., Mal. Dis., Neur., Neuro. Surg., Ophth., Otol., Ortho. Surg., Path., Phys. Med., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.

* Indicates hospitals approved for training interns.

Name of Hospital	Location	Approved Residencies
St. Joseph's Hospital *	Joliet, Ill.	Anes.
Kankakee State Hospital	Kankakee, Ill.	Psych.
Manteno State Hospital	Manteno, Ill.	Psych.
West Suburban Hospital *	Oak Park, Ill.	Int. Med., Ob.-Gyn., Ortho. Surg., Ped., Surg.
Methodist Hospital of Central Illinois *	Peoria, Ill.	Gen'l Pract., Obst., Path., Surg.
Peoria Municipal Tuberculosis Sanitarium	Peoria, Ill.	Pul. Dis.
Peoria State Hospital	Peoria, Ill.	Psych.
St. Francis Hospital *	Peoria, Ill.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
U. S. Air Force Hospital	Rantoul, Ill.	Surg.
Rockford Municipal Tuberculosis Sanatarium	Rockford, Ill.	Pul. Dis.
St. Anthony's Hospital *	Rockford, Ill.	Path.
U. S. Air Force Hospital	Scott Air Force Base, Ill.	Int. Med., Surg.
Lake County Tuberculosis Sanatorium	Waukegan, Ill.	Pul. Dis.
North Shore Health Resort	Winnetka, Ill.	Psych.
St. Francis Hospital *	Beech Grove, Ind.	Gen'l Pract.
Clinic Hospital	Bluffton, Ind.	Int. Med., Rad.
U. S. Army Hospital	Camp Atterbury, Ind.	Surg.
Boehne Tuberculosis Hospital	Evansville, Ind.	Pul. Dis.
Protestant Deaconess Hospital *	Evansville, Ind.	Rad.
St. Joseph's Hospital	Fort Wayne, Ind.	Path., Rad.
Methodist Hospital *	Gary, Ind.	Gen'l Pract.
St. Margaret's Hospital *	Hammond, Ind.	Gen'l Pract., Rad.
Central State Hospital	Indianapolis, Ind.	Psych.
Indianapolis General Hospital *	Indianapolis, Ind.	Anes., Card. Dis., Derm. Syph., Int. Med., Ped., Neur., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Pul. Dis., Rad., Surg., Urol.
Indiana University Medical Center *	Indianapolis, Ind.	Anes., Card. Dis., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Plas. Surg., Psych., Rad., Surg., Urol.
Methodist Hospital *	Indianapolis, Ind.	Anes., Int. Med., Neur., Obst., Ortho. Surg., Path., Rad., Surg., Urol.
Norways Foundation Hospital	Indianapolis, Ind.	Psych.
St. Vincent's Hospital *	Indianapolis, Ind.	In. Med., Ob.-Gyn., Ortho. Surg., Ped., Surg.
Sunnyside Sanatorium	Indianapolis, Ind.	Pul. Dis.
Veterans Admin. Hospital	Indianapolis, Ind.	Int. Med., Ortho. Surg., Path., Rad., Surg.
St. Elizabeth Hospital *	Lafayette, Ind.	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Rad., Surg.
Logansport State Hospital	Logansport, Ind.	Psych.
Ball Memorial Hospital *	Muncie, Ind.	Int. Med., Path., Rad., Surg.
Healthwin Hospital	South Bend, Ind.	Pul. Dis.
Memorial Hospital *	South Bend, Ind.	Anes., Gen'l Prac., Path.
St. Luke's Methodist Hospital *	Cedar Rapids, Iowa	Gen'l Pract.
Mental Health Institute	Cherokee, Iowa	Psych.
Broadlawns Polk County Hospital *	Des Moines, Iowa	Gen'l Pract.
Iowa Methodist Hospital *	Des Moines, Iowa	Int. Med., Ortho. Surg., Path., Ped., Rad., Surg.
Mercy Hospital *	Des Moines, Iowa	Path.
Veterans Admin. Hospital	Des Moines, Iowa	Anes., Int. Med., Ortho. Surg., Path., Rad., Surg., Urol.
Iowa State Psychopathic Hospital	Iowa City, Iowa	Psych.
Mercy Hospital *	Iowa City, Iowa	Ortho. Surg., Surg.
University Hospitals *	Iowa City, Iowa	Anes., Derm. Syph., Gen'l Pract., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Veterans Admin. Hospital	Iowa City, Iowa	Anes.
State Sanatorium	Oakdale, Iowa	Pul. Dis.
Halsted Hospital	Halsted, Kan.	Psych.
St. Margaret's Hospital *	Kansas City, Kan.	Surg.
University of Kansas Hospitals *	Kansas City, Kan.	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Plas. Surg., Psych., Rad., Surg., Urol.
Menninger Sanitarium	Topeka, Kan.	Psych.
Veterans Admin. Hospital	Topeka, Kan.	Int. Med., Neur., Psych.
Veterans Admin. Hospital	Wadsworth, Kan.	Anes., Int. Med., Neuro. Surg., Ophth., Otol., Ortho. Surg., Path., Phys. Med., Rad., Surg., Urol.
St. Francis Hospital *	Wichita, Kan.	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Surg.
Veterans Admin. Hospital	Wichita, Kan.	Int. Med., Surg.
Wesley Hospital *	Wichita, Kan.	Gen'l Pract., Int. Med., Ob.-Gyn., Rad., Surg.
U. S. Army Hospital	Fort Campbell, Ky.	Surg.
U. S. Army Hospital	Fort Knox, Ky.	Surg.
Central State Hospital	Lakeland, Ky.	Psych.
Good Samaritan Hospital *	Lexington, Ky.	Int. Med., Surg.
St. Joseph's Hospital *	Lexington, Ky.	Anes., Int. Med., Ob.-Gyn., Surg., Urol.
U. S. Public Health Service Hospital	Lexington, Ky.	Psych.
Veterans Admin. Hospital	Lexington, Ky.	Psych.
Children's Hospital	Louisville, Ky.	Ped.
Kosair Crippled Children's Hospital	Louisville, Ky.	Ortho. Surg.
Louisville General Hospital *	Louisville, Ky.	Anes., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Norton Memorial Infirmary *	Louisville, Ky.	Psych., Rad., Surg.
St. Joseph Infirmary *	Louisville, Ky.	Int. Med., Ob.-Gyn., Ped., Rad., Surg.
Veterans Admin. Hospital	Louisville, Ky.	Int. Med., Neur., Neuro. Surg., Ophth., Otol., Ortho. Surg., Path., Psych., Rad., Surg., Urol.
Baptist Hospital *	Alexandria, La.	Rad.
Baton Rouge General Hospital *	Baton Rouge, La.	Gen'l Pract.
Charity Hospital of Louisiana *	New Orleans, La.	Anes., Derm. Syph., Int. Med., Neur., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Plas. Surg., Psych., Pul. Dis., Rad., Surg., Urol.
DePaul Hospital	New Orleans, La.	Psych.
Eye, Ear, Nose and Throat Hospital	New Orleans, La.	Ophth., Otol.
Hotel Dieu, Sisters Hospital *	New Orleans, La.	Int. Med., Ob.-Gyn., Path., Ped., Surg.
Ochsner Foundation Hospital	New Orleans, La.	Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Ortho. Surg., Rad., Surg., Urol.
Southern Baptist Hospital *	New Orleans, La.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Touro Infirmary *	New Orleans, La.	Anes., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
U. S. Public Health Service Hospital *	New Orleans, La.	Int. Med., Ophth., Path., Rad., Surg.
Veterans Admin. Hospital	New Orleans, La.	Derm. Syph., Int. Med., Ophth., Ortho. Surg., Path., Psych., Rad., Surg., Urol.
Shreveport Charity Hospital *	Shreveport, La.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Shriners Hospital for Crippled Children	Shreveport, La.	Ortho. Surg.
Eastern Maine General Hospital *	Bangor, Me.	Anes., Path., Rad.
Central Maine Sanatorium	Fairfield, Me.	Pul. Dis.
Western Maine Sanatorium	Greenwood Mountain, Me.	Pul. Dis.
Central Maine General Hospital *	Lewiston, Me.	Anes., Int. Med., Path., Ped., Rad., Surg.
Maine General Hospital *	Portland, Me.	Anes., Int. Med., Neuro. Surg., Path., Rad., Surg.
Baltimore City Hospitals *	Baltimore, Md.	Int. Med., Neur., Obst., Ortho. Surg., Path., Ped., Pul. Dis., Rad., Surg.
Baltimore Eye, Ear and Throat Charity Hospital	Baltimore, Md.	Ophth., Otol.
Bon Secours Hospital *	Baltimore, Md.	Ob.-Gyn., Surg.
Children's Hospital School	Baltimore, Md.	Ortho. Surg.
Church Home and Hospital *	Baltimore, Md.	Int. Med., Surg.

* Indicates hospitals approved for training interns.

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Name of Hospital	Location	Approved Residencies
Franklin Square Hospital •	Baltimore, Md.	Int. Med., Ob.-Gyn., Surg.
Hospital for Women •	Baltimore, Md.	Int. Med., Ob.-Gyn.
James Lawrence Kernan Hospital for Crippled Children	Baltimore, Md.	Ortho. Surg.
Johns Hopkins Hospital •	Baltimore, Md.	Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Plas. Surg., Psych., Rad., Surg., Syph., Urol.
Lutheran Hospital •	Baltimore, Md.	Int. Med., Ob.-Gyn., Surg.
Maryland General Hospital •	Baltimore, Md.	Int. Med., Ob.-Gyn., Surg.
Mercy Hospital •	Baltimore, Md.	Int. Med., Ob.-Gyn., Ped., Rad., Surg.
Provident Hospital and Free Dispensary	Baltimore, Md.	Int. Med., Obst., Surg.
St. Agnes Hospital •	Baltimore, Md.	Int. Med., Ob.-Gyn., Surg.
St. Joseph Hospital •	Baltimore, Md.	Int. Med., Ob.-Gyn., Surg.
Seton Institute	Baltimore, Md.	Psych.
Sinai Hospital •	Baltimore, Md.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg., Urol.
South Baltimore General Hospital •	Baltimore, Md.	Int. Med., Obst., Surg.
Union Memorial Hospital •	Baltimore, Md.	Int. Med., Obst., Path., Ped., Rad., Surg.
U. S. Public Health Service Hospital •	Baltimore, Md.	Int. Med., Ophth., Path., Rad., Surg., Urol.
University Hospital •	Baltimore, Md.	Derm. Syph., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Rad., Surg., Thor. Surg., Urol.
National Institute of Health	Bethesda, Md.	Int. Med., Path.
Suburban Hospital •	Bethesda, Md.	Surg.
U. S. Naval Hospital •	Bethesda, Md.	Anes., Card. Dis., Int. Med., Neur., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Spring Grove State Hospital	Catonsville, Md.	Psych.
Memorial Hospital	Cumberland, Md.	Path.
Veterans Admin. Hospital	Fort Howard, Md.	Derm. Syph., Int. Med., Ophth., Ortho. Surg., Path., Rad., Surg., Urol.
Washington County Hospital •	Hagerstown, Md.	Rad.
Veterans Admin. Hospital	Perry Point, Md.	Int. Med., Psych., Surg.
Chestnut Lodge Sanitarium	Rockville, Md.	Psych.
Springfield State Hospital	Sykesville, Md.	Psych.
Sheppard & Enoch Pratt Hospital	Towson, Md.	Psych.
Veterans Admin. Hospital	Bedford, Mass.	Psych.
Beverly Hospital •	Beverly, Mass.	Int. Med., Path., Surg.
Beth Israel Hospital •	Boston, Mass.	Int. Med., Ob.-Gyn., Otol., Path., Psych., Rad., Surg., Urol.
Boston City Hospital •	Boston, Mass.	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Boston Floating Hospital	Boston, Mass.	Ped.
Boston Lying-In Hospital	Boston, Mass.	Obst., Path.
Boston Psychopathic Hospital	Boston, Mass.	Psych.
Boston Sanatorium	Boston, Mass.	Pul. Dis., Thor. Surg.
Boston State Hospital	Boston, Mass.	Psych.
Carney Hospital •	Boston, Mass.	Int. Med., Ob.-Gyn., Path., Surg.
Children's Medical Center •	Boston, Mass.	Ortho. Surg., Path., Ped., Rad., Surg.
Faulkner Hospital •	Boston, Mass.	Int. Med., Rad.
Lahey Clinic	Boston, Mass.	Anes., Int. Med., Neuro. Surg., Ortho. Surg., Rad., Urol.
Massachusetts Eye and Ear Infirmary	Boston, Mass.	Ophth., Otol.
Massachusetts General Hospital •	Boston, Mass.	Allergy, Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ortho. Surg., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.
Massachusetts Memorial Hospitals •	Boston, Mass.	Anes., Con. Dis., Derm. Syph., Gastro., Int. Med., Ob.-Gyn., Ophth., Otol., Path., Psych., Rad., Surg., Urol.
New England Center Hospital •	Boston, Mass.	Anes., Int. Med., Neur., Neuro. Surg., Psych., Rad., Surg., Urol.
New End Hospital for Women	Boston, Mass.	Int. Med., Path., Rad.
New England Hospital •	Boston, Mass.	Anes., Surg.
Peter Bent Brigham Hospital •	Boston, Mass.	Anes., Int. Med., Path., Rad., Surg., Urol.
St. Elizabeth Hospital •	Boston, Mass.	Anes., Int. Med., Obst., Path., Rad., Surg.
U. S. Public Health Service Hospital •	Boston, Mass.	Int. Med., Surg.
Veterans Admin. Hospital	Boston, Mass.	Int. Med., Ortho. Surg., Path., Psych., Rad., Surg., Urol.
Booth Memorial Hospital and Home	Brookline, Mass.	Obst.
Free Hospital for Women	Brookline, Mass.	Gyn.
Cambridge City Hospital •	Cambridge, Mass.	Anes., Int. Med., Ob.-Gyn., Path., Rad., Surg.
Mount Auburn Hospital •	Cambridge, Mass.	Anes., Int. Med., Path., Rad., Surg., Urol.
Massachusetts Hospital School	Canton, Mass.	Ortho. Surg.
Lawrence F. Quigley Memorial Hospital	Chelsea, Mass.	Surg.
U. S. Naval Hospital •	Chelsea, Mass.	Anes., Gen'l Pract., Int. Med., Ob.-Gyn., Ortho. Surg., Ped., Psych., Rad., Surg.
Fall River General Hospital, Tuberculosis Division	Fall River, Mass.	Pul. Dis.
St. Anne's Hospital	Fall River, Mass.	Ob.-Gyn.
Truesdale Hospital •	Fall River, Mass.	Int. Med., Surg.
Burbank Hospital	Fitchburg, Mass.	Path.
Foxboro State Hospital	Foxboro, Mass.	Psych.
Framingham Union Hospital	Framingham, Mass.	Path.
Veterans Admin. Hospital	Framingham, Mass.	Anes., Int. Med., Neur., Neuro. Surg., Otol., Ortho. Surg., Path., Phys. Med., Psych., Rad., Surg., Urol.
Danvers State Hospital	Hathorne, Mass.	Psych.
Lawrence General Hospital •	Lawrence, Mass.	Path.
Lynn Hospital •	Lynn, Mass.	Int. Med., Path., Rad., Surg.
Malden Hospital	Malden, Mass.	Int. Med., Path., Surg.
Medfield State Hospital	Medfield, Mass.	Psych.
St. Luke's Hospital •	New Bedford, Mass.	Path.
Newton-Wellesley Hospital •	Newton Lower Falls, Mass.	Anes., Int. Med., Path., Rad., Surg.
Cooley Dickenson Hospital	Northampton, Mass.	Gen'l Pract.
Northampton State Hospital	Northampton, Mass.	Psych.
Quincy City Hospital •	Quincy, Mass.	Ob.-Gyn., Path., Surg.
Veterans Admin. Hospital	Rutland Heights, Mass.	Pul. Dis., Thor. Surg.
Salem Hospital •	Salem, Mass.	Int. Med., Path., Rad., Surg.
Shriners Hospital for Crippled Children	Springfield, Mass.	Ortho. Surg.
Springfield Hospital •	Springfield, Mass.	Anes., Int. Med., Path., Surg.
Austen Riggs Foundation	Stockbridge, Mass.	Psych.
Taunton State Hospital	Taunton, Mass.	Psych.
Pondville Hospital	Walpole, Mass.	Path., Surg.
Metropolitan State Hospital	Waltham, Mass.	Psych.
Middlesex County Sanatorium	Waltham, Mass.	Pul. Dis.
Murphy Army Hospital •	Waltham, Mass.	Surg.
McLean Hospital	Waverly, Mass.	Psych.
Westfield State Sanatorium	Westfield, Mass.	Mal. Dis., Pul. Dis.
Belmont Hospital	Worcester, Mass.	Con. Dis., Pul. Dis.
Memorial Hospital •	Worcester, Mass.	Anes., Int. Med., Path., Rad., Surg.
St. Vincent's Hospital •	Worcester, Mass.	Anes., Int. Med., Surg.
Worcester City Hospital •	Worcester, Mass.	Int. Med., Ortho. Surg., Path., Ped., Psych., Surg., Urol.
St. Joseph Mercy Hospital •	Ann Arbor, Mich.	Int. Med., Ob.-Gyn., Rad., Surg.
University Hospital •	Ann Arbor, Mich.	Allergy, Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.

• Indicates hospitals approved for training interns.

Name of Hospital	Location	Approved Residencies
American Legion Hospital	Battle Creek, Mich.	Pul. Dis.
Lelia Y. Post Montgomery Hospital *	Battle Creek, Mich.	Path., Rad., Surg.
Percy Jones Army Hospital *	Battle Creek, Mich.	Int. Med., Surg.
St. Joseph's Retreat	Dearborn, Mich.	Psych.
Veterans Admin. Hospital *	Dearborn, Mich.	Int. Med., Ophth., Ortho. Surg., Path., Psych., Rad., Surg.
Alexander Blain Hospital	Detroit, Mich.	Int. Med., Surg.
Children's Hospital	Detroit, Mich.	Ortho. Surg., Ped., Rad.
City of Detroit Receiving Hospital *	Detroit, Mich.	Anes., Derm. Syph., Int. Med., Gyn., Ophth., Otol., Ortho. Surg., Path., Psych., Rad., Surg., Urol.
Detroit Memorial Hospital *	Detroit, Mich.	Int. Med., Ob.-Gyn., Path., Surg.
Evangelical Deaconess Hospital *	Detroit, Mich.	Int. Med., Ob.-Gyn., Surg.
Florence Crittenton Hospital	Detroit, Mich.	Int. Med., Ob.-Gyn., Surg.
Grace Hospital *	Detroit, Mich.	Int. Med., Neuro. Surg., Ob.-Gyn., Path., Rad., Surg., Urol.
Harper Hospital *	Detroit, Mich.	Int. Med., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Henry Ford Hospital *	Detroit, Mich.	Anes., Card. Dis., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Pul. Dis., Rad., Surg., Urol.
Herman Kiefer Hospital	Detroit, Mich.	Con. Dis., Obst., Path., Pul. Dis., Rad., Thor. Surg.
Jennings Memorial Hospital *	Detroit, Mich.	Int. Med., Surg.
Mount Carmel Mercy Hospital *	Detroit, Mich.	Int. Med., Ob.-Gyn., Path., Rad., Surg.
Providence Hospital *	Detroit, Mich.	Anes., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
St. Joseph Mercy Hospital *	Detroit, Mich.	Int. Med., Ob.-Gyn., Surg.
U. S. Public Health Service Hospital *	Detroit, Mich.	Int. Med., Surg.
Woman's Hospital *	Detroit, Mich.	Int. Med., Ob.-Gyn., Path., Surg.
Wayne County General Hospital and Infirmary *	Eloise, Mich.	Int. Med., Ophth., Path., Psych., Rad., Surg., Urol.
Hurley Hospital *	Flint, Mich.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
McLaren General Hospital *	Flint, Mich.	Gen'l Pract.
St. Joseph Hospital *	Flint, Mich.	Gen'l Pract.
Veterans Admin. Hospital	Fort Custer, Mich.	Psych.
Blodgett Memorial Hospital *	Grand Rapids, Mich.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Rad., Surg.
Butterworth Hospital *	Grand Rapids, Mich.	Anes., Int. Med., Ob.-Gyn., Path., Rad., Surg.
Ferguson-Droste-Ferguson Rectal Clinic and Hosp.	Grand Rapids, Mich.	Proct.
St. Mary's Hospital *	Grand Rapids, Mich.	Int. Med., Ob.-Gyn., Ped., Surg.
Highland Park General Hospital *	Highland Park, Mich.	Int. Med., Surg.
Michigan State Sanatorium	Howell, Mich.	Pul. Dis.
Borgess Hospital *	Kalamazoo, Mich.	Gen'l Pract., Ortho. Surg.
Bronson Methodist Hospital *	Kalamazoo, Mich.	Int. Med., Surg.
Kalamazoo State Hospital	Kalamazoo, Mich.	Psych.
Edward W. Sparrow Hospital *	Lansing, Mich.	Int. Med., Path.
Ingham Sanatorium *	Lansing, Mich.	Pul. Dis., Thor. Surg.
St. Lawrence Hospital *	Lansing, Mich.	Int. Med.
Morgan Heights Sanatorium	Marquette, Mich.	Pul. Dis.
Hackley Hospital *	Muskegon, Mich.	Rad.
Mercy Hospital	Muskegon, Mich.	Gen'l Pract.
William H. Maybury Sanatorium	Northville, Mich.	Pul. Dis.
Oakland County Tuberculosis Sanatorium	Pontiac, Mich.	Pul. Dis.
Pontiac General Hospital *	Pontiac, Mich.	Int. Med., Ob.-Gyn., Surg.
Pontiac State Hospital	Pontiac, Mich.	Psych.
St. Joseph Mercy Hospital *	Pontiac, Mich.	Gen'l Pract., Obst.
Saginaw General Hospital *	Saginaw, Mich.	Int. Med., Ob.-Gyn., Occup. Med., Path., Ped., Surg.
St. Luke's Hospital *	Saginaw, Mich.	Gen'l Pract.
James Decker Munson Hospital *	Traverse City, Mich.	Gen'l Pract.
Traverse City State Hospital	Traverse City, Mich.	Psych.
Wyandotte General Hospital	Wyandotte, Mich.	Gen'l Pract.
Ypsilanti State Hospital	Ypsilanti, Mich.	Psych.
St. Mary's Hospital *	Duluth, Minn.	Path.
Hastings State Hospital	Hastings, Minn.	Psych.
Asbury Hospital *	Minneapolis, Minn.	Int. Med., Surg.
Lutheran Deaconess Home and Hospital *	Minneapolis, Minn.	Gen'l Pract.
Maternity Hospital	Minneapolis, Minn.	Obst.
Minneapolis General Hospital *	Minneapolis, Minn.	Derm. Syph., Int. Med., Ob.-Gyn., Ophth., Otol., Path., Ped., Psych., Surg., Urol.
Mount Sinai Hospital *	Minneapolis, Minn.	Gen'l Pract., Int. Med.
Northwestern Hospital *	Minneapolis, Minn.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
St. Barnabas Hospital *	Minneapolis, Minn.	Int. Med., Ob.-Gyn., Path., Ped., Surg.
St. Mary's Hospital *	Minneapolis, Minn.	Ob.-Gyn., Urol.
Shriners Hospital for Crippled Children	Minneapolis, Minn.	Ortho. Surg.
Swedish Hospital *	Minneapolis, Minn.	Path., Rad., Surg.
University Hospitals *	Minneapolis, Minn.	Anes., Derm., Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Proct., Psych., Rad., Surg., Urol.
Veterans Admin. Hospital	Minneapolis, Minn.	Derm. Syph., Int. Med., Neur., Neuro. Surg., Ophth., Otol., Ortho. Surg., Path., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Nopeming Sanatorium	Nopeming, Minn.	Pul. Dis.
Glen Lake Sanatorium	Oak Terrace, Minn.	Pul. Dis.
Mayo Foundation	Rochester, Minn.	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Plas. Surg., Proct., Psych., Rad., Surg., Urol.
Rochester State Hospital	Rochester, Minn.	Psych.
Ancker Hospital *	St. Paul, Minn.	Derm. Syph., Int. Med., Ob.-Gyn., Ophth., Otol., Path., Surg., Urol.
Charles T. Miller Hospital *	St. Paul, Minn.	Int. Med. Ob.-Gyn., Ophth., Path., Rad., Surg., Urol.
Gillette State Hospital for Crippled Children	St. Paul, Minn.	Ortho. Surg.
Midway Hospital	St. Paul, Minn.	Gen'l Pract.
St. Joseph's Hospital *	St. Paul, Minn.	Int. Med., Rad.
Veterans Admin. Hospital	Gulfport, Miss.	Psych.
Mississippi Baptist Hospital *	Jackson, Miss.	Ortho. Surg.
Mississippi State Tuberculosis Sanatorium	Sanatorium, Miss.	Pul. Dis.
Lutheran Hospital	Vicksburg, Miss.	Surg.
Mercy Hospital-Street Memorial *	Vicksburg, Miss.	Gen'l Pract., Surg.
St. Louis County Hospital *	Clayton, Mo.	Int. Med., Ob.-Gyn., Ophth., Path., Surg.
Ellis Fischel Cancer Hospital	Columbia, Mo.	Mal. Dis., Surg.
University Hospital	Columbia, Mo.	Ortho. Surg.
Veterans Admin. Hospital	Excelsior Springs, Mo.	Pul. Dis.
State Hospital No. 1	Fulton, Mo.	Psych.
Veterans Admin. Hospital	Jefferson Barracks, Mo.	Anes., Int. Med., Ophth., Otol., Ortho. Surg., Path., Psych., Rad., Surg., Thor. Surg., Urol.
Children's Mercy Hospital	Kansas City, Mo.	Ortho. Surg., Ped.
Kansas City General Hospital No. 1 *	Kansas City, Mo.	Anes., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Kansas City General Hospital No. 2 *	Kansas City, Mo.	Ob.-Gyn., Rad., Surg.
Menorah Hospital Medical Center *	Kansas City, Mo.	Int. Med., Path., Rad., Surg.
Research Hospital *	Kansas City, Mo.	Anes., Int. Med., Path., Rad., Surg., Urol.
St. Joseph Hospital *	Kansas City, Mo.	Int. Med., Ob.-Gyn., Path., Rad., Surg.

* Indicates hospitals approved for training interns.

Name of Hospital	Location	Approved Residencies
St. Luke's Hospital •	Kansas City, Mo.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Rad., Surg.
St. Mary's Hospital •	Kansas City, Mo.	Int. Med., Surg.
Robert Koch Hospital	Koch, Mo.	Pul. Dis.
Missouri Methodist Hospital •	St. Joseph, Mo.	Gen'l Pract., Surg.
State Hospital No. 2	St. Joseph, Mo.	Psych.
Alexian Brothers Hospital	St. Louis, Mo.	Gen'l Pract.
Barnard Free Skin and Cancer Hospital	St. Louis, Mo.	Derm. Syph., Mal. Dis., Rad.
Barnes Hospital •	St. Louis, Mo.	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Phys. Med., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.
De Paul Hospital •	St. Louis, Mo.	Int. Med., Ob.-Gyn., Rad., Surg.
Homer G. Phillips Hospital •	St. Louis, Mo.	Int. Med., Neur., Ob.-Gyn., Ophth., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Jewish Hospital •	St. Louis, Mo.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Missouri Baptist Hospital •	St. Louis, Mo.	Int. Med., Path., Surg., Urol.
Missouri Pacific Hospital	St. Louis, Mo.	Int. Med., Surg., Urol.
St. Anthony's Hospital •	St. Louis, Mo.	Gen'l Pract., Int. Med., Surg.
St. John's Hospital •	St. Louis, Mo.	Anes., Int. Med., Obst., Surg.
St. Louis Children's Hospital •	St. Louis, Mo.	Otol., Ped., Surg.
St. Louis City Hospital •	St. Louis, Mo.	Int. Med., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
St. Louis State Hospital	St. Louis, Mo.	Psych.
St. Luke's Hospital •	St. Louis, Mo.	Int. Med., Rad., Surg.
St. Mary's Group of Hospitals •	St. Louis, Mo.	Anes., Derm. Syph., Int. Med., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Pul. Dis., Rad., Surg., Urol.
Shriners Hospital for Crippled Children	St. Louis, Mo.	Ortho. Surg.
Montana Deaconess Hospital •	Great Falls, Mont.	Int. Med., Path.
Hastings State Hospital	Ingleside, Neb.	Psych.
Lincoln General Hospital •	Lincoln, Neb.	Ob.-Gyn., Path.
Nebraska Orthopedic Hospital	Lincoln, Neb.	Ortho. Surg.
St. Elizabeth's Hospital •	Lincoln, Neb.	Obst.
Veterans Admin. Hospital	Lincoln, Neb.	Anes., Int. Med., Ortho. Surg., Surg., Urol.
Norfolk State Hospital	Norfolk, Neb.	Psych.
Creighton Memorial St. Joseph Hospital •	Omaha, Neb.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Lutheran Hospital	Omaha, Neb.	Psych.
Nebraska Methodist Hospital •	Omaha, Neb.	Path., Rad.
St. Catherine's Hospital •	Omaha, Neb.	Rad.
University of Nebraska Hospital •	Omaha, Neb.	Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Psych., Rad., Surg.
Veterans Admin. Hospital	Omaha, Neb.	Int. Med., Psych., Surg.
New Hampshire State Hospital	Concord, N. H.	Psych.
Mary Hitchcock Memorial Hospital •	Hanover, N. H.	Anes., Derm. Syph., Int. Med., Path., Ped., Rad., Surg.
Elliott Hospital	Manchester, N. H.	Path.
Atlantic City Hospital •	Atlantic City, N. J.	Int. Med., Path., Rad., Surg., Urol.
Bayonne Hospital and Dispensary	Bayonne, N. J.	Urol.
Essex County Hospital for Contagious Diseases	Belleville, N. J.	Con. Dis.
Camden Municipal Hospital	Camden, N. J.	Con. Dis.
Cooper Hospital •	Camden, N. J.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg., Urol.
West Jersey Hospital •	Camden, N. J.	Anes., Path., Surg.
Essex County Overbrook Hospital	Cedar Grove, N. J.	Psych.
Englewood Hospital Association •	Englewood, N. J.	Int. Med.
New Jersey Sanatorium for Tuberculosis Diseases	Glen Gardner, N. J.	Pul. Dis.
Hackensack Hospital •	Hackensack, N. J.	Int. Med., Surg.
Berthold S. Pollock Hospital for Chest Diseases	Jersey City, N. J.	Pul. Dis., Thor. Surg.
Jersey City Medical Center •	Jersey City, N. J.	Anes., Int. Med., Mal. Dis., Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Margaret Hague Maternity Hospital	Jersey City, N. J.	Obst.
Monmouth Memorial Hospital •	Long Branch, N. J.	Int. Med., Obst., Ortho. Surg., Path., Surg.
Veterans Admin. Hospital	Lyons, N. J.	Psych.
Mountainside Hospital •	Montclair, N. J.	Int. Med., Path., Surg.
Burlington County Hospital	Mount Holly, N. J.	Int. Med., Path., Rad., Surg.
Pitkin Memorial Hospital •	Neptune, N. J.	Int. Med., Surg.
Babies' Hospital-Colt Memorial	Newark, N. J.	Ped.
Hospital and Home for Crippled Children	Newark, N. J.	Ortho. Surg.
Hospital of St. Barnabas and for Women and Children •	Newark, N. J.	Path., Plas. Surg., Rad., Surg.
Newark Beth Israel Hospital •	Newark, N. J.	Int. Med., Ob.-Gyn., Path., Rad., Surg.
Newark City Hospital •	Newark, N. J.	Int. Med., Path., Rad., Surg., Urol.
Newark Eye and Ear Infirmary	Newark, N. J.	Ophth.
Presbyterian Hospital •	Newark, N. J.	Path., Surg.
St. Michael's Hospital •	Newark, N. J.	Int. Med., Obst., Path., Ped.
St. Peter's General Hospital •	New Brunswick, N. J.	Int. Med.
New Jersey Orthopedic Hospital and Dispensary	Orange, N. J.	Ortho. Surg.
Orange Memorial Hospital •	Orange, N. J.	Anes., Int. Med., Ortho. Surg., Path., Rad., Surg., Urol.
Bergen County Hospital	Paramus, N. J.	Pul. Dis.
Passaic General Hospital •	Passaic, N. J.	Path.
Paterson General Hospital •	Paterson, N. J.	Int. Med., Obst., Path.
St. Joseph Hospital •	Paterson, N. J.	Anes.
Muhlenberg Hospital •	Plainfield, N. J.	Path.
Holy Name Hospital •	Teaneck, N. J.	Ob.-Gyn.
Mercer Hospital •	Trenton, N. J.	Int. Med., Path., Rad., Surg.
New Jersey State Hospital	Trenton, N. J.	Psych.
Orthopedic Hospital and Dispensary	Trenton, N. J.	Ortho. Surg.
St. Francis Hospital •	Trenton, N. J.	Int. Med., Surg.
Essex Mountain Sanatorium	Verona, N. J.	Pul. Dis.
Veterans Admin. Hospital	Albuquerque, N. M.	Int. Med., Pul. Dis., Surg.
Carrie Tingley Hospital for Crippled Children	Truth or Consequences, N. M.	Ortho. Surg.
Albany Hospital •	Albany, N. Y.	Anes., Gen'l Pract., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Otol., Ortho. Surg., Path., Ped., Plas. Surg., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Anthony N. Brady Maternity Hospital	Albany, N. Y.	Obst.
Bender Hygienic Laboratory	Albany, N. Y.	Path.
St. Peter's Hospital •	Albany, N. Y.	Ped.
Veterans Admin. Hospital	Albany, N. Y.	Int. Med.
Veterans Admin. Hospital	Bath, N. Y.	Int. Med.
Montefiore Hospital	Bedford Hills, N. Y.	Pul. Dis.
Binghamton City Hospital •	Binghamton, N. Y.	Int. Med., Ortho. Surg., Path., Rad., Surg.
Binghamton State Hospital	Binghamton, N. Y.	Psych.
Beth-El Hospital •	Brooklyn, N. Y.	Anes., Int. Med., Ob.-Gyn., Path., Ped., Surg.
Brooklyn Eye and Ear Hospital	Brooklyn, N. Y.	Ophth., Otol.
Brooklyn Hospital •	Brooklyn, N. Y.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Brooklyn State Hospital	Brooklyn, N. Y.	Psych.

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Name of Hospital	Location	Approved Residencies
Brooklyn Womens Hospital	Brooklyn, N. Y.	Ob.Gyn.
Coney Island Hospital *	Brooklyn, N. Y.	Int. Med., Path., Ped., Surg.
Cumberland Hospital *	Brooklyn, N. Y.	Anes., Int. Med., Ob.Gyn., Path., Ped., Rad., Surg.
Greenpoint Hospital *	Brooklyn, N. Y.	Int. Med., Ob.Gyn., Path., Ped., Surg.
House of St. Giles the Cripple	Brooklyn, N. Y.	Ortho. Surg.
Jewish Hospital *	Brooklyn, N. Y.	Allergy, Anes., Int. Med., Neuro. Surg., Ob.Gyn., Ophth., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Jewish Sanitarium and Hospital for Chronic Diseases	Brooklyn, N. Y.	Int. Med., Neur.
John E. Jennings Hospital	Brooklyn, N. Y.	Rad., Surg.
Kings County Hospital *	Brooklyn, N. Y.	Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Plas. Surg., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Kingston Avenue Hospital	Brooklyn, N. Y.	Con. Dis., Pul. Dis.
Long Island College Hospital *	Brooklyn, N. Y.	Int. Med., Ob.Gyn., Ophth., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Maimonides Hospital *	Brooklyn, N. Y.	Anes., Int. Med., Ob.Gyn., Path., Ped., Rad., Surg., Urol.
Methodist Hospital *	Brooklyn, N. Y.	Anes., Int. Med., Ob.Gyn., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Norwegian Lutheran Deaconesses' Home and Hospital *	Brooklyn, N. Y.	Int. Med., Obst., Path., Ped., Surg.
St. Catherine's Hospital *	Brooklyn, N. Y.	Anes., Int. Med., Ob.Gyn., Path., Ped., Surg.
St. Charles Hospital Orthopedic Clinic	Brooklyn, N. Y.	Ortho. Surg.
St. John's Episcopal Hospital *	Brooklyn, N. Y.	Int. Med., Ob.Gyn., Path., Surg.
St. Mary's Hospital *	Brooklyn, N. Y.	Int. Med., Ob.Gyn., Path., Ped., Surg.
Unity Hospital *	Brooklyn, N. Y.	Anes., Ob.Gyn.
Veterans Admin. Hospital	Brooklyn, N. Y.	Anes., Int. Med., Neur., Ophth., Otol., Ortho. Surg., Path., Psych., Rad., Surg., Thor. Surg., Urol.
Wyckoff Heights Hospital *	Brooklyn, N. Y.	Int. Med., Ob.Gyn., Ped., Surg.
Buffalo General Hospital *	Buffalo, N. Y.	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.Gyn., Ophth., Otol., Ortho. Surg., Path., Rad., Surg., Urol.
Buffalo State Hospital	Buffalo, N. Y.	Psych.
Children's Hospital	Buffalo, N. Y.	Obst., Ortho. Surg., Ped., Surg.
Deaconess Hospital *	Buffalo, N. Y.	Int. Med., Ob.Gyn., Path., Rad., Surg.
Edward J. Meyer Memorial Hospital *	Buffalo, N. Y.	Anes., Derm. Syph., Int. Med., Ob.Gyn., Ophth., Ortho. Surg., Path., Ped., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Emergency Hospital of the Sisters of Charity	Buffalo, N. Y.	Int. Med., Surg.
Millard Fillmore Hospital *	Buffalo, N. Y.	Anes., Gen'l Pract., Int. Med., Neuro. Surg., Ob.Gyn., Ophth., Ortho. Surg., Path., Proct., Surg., Urol.
Roswell Park Memorial Institute	Buffalo, N. Y.	Mal. Dis., Rad.
Sisters of Charity Hospital *	Buffalo, N. Y.	Int. Med., Obst., Surg.
Veterans Admin. Hospital	Buffalo, N. Y.	Anes., Int. Med., Ortho. Surg., Psych., Rad., Surg., Urol.
Mary McClellan Hospital	Cambridge, N. Y.	Surg.
Veterans Admin. Hospital	Canandaigua, N. Y.	Psych.
Veterans Admin. Hospital	Castle Point, N. Y.	Pul. Dis., Thor. Surg.
Central Islip State Hospital	Central Islip, N. Y.	Psych.
Clifton Springs Sanitarium and Clinic	Clifton Springs, N. Y.	Int. Med., Rad., Surg.
Mary Imogene Bassett Hospital *	Cooperstown, N. Y.	Int. Med., Ped., Surg.
Nassau County Tuberculosis Hospital	Farmingdale, N. Y.	Pul. Dis.
St. Joseph's Hospital	Far Rockaway, N. Y.	Gen'l Pract.
Flushing Hospital *	Flushing, N. Y.	Anes., Int. Med., Ob.Gyn., Path., Ped., Surg.
Hillside Hospital	Glen Oaks, N. Y.	Psych.
Gowanda State Homeopathic Hospital	Helmuth, N. Y.	Psych.
Meadowbrook Hospital *	Hempstead, N. Y.	Int. Med., Mal. Dis., Obst., Ortho. Surg., Path., Rad., Surg.
Irvington House	Irvington-on-Hudson, N. Y.	Card. Dis.
Cornell University Infirmary	Ithaca, N. Y.	Int. Med.
Tompkins Memorial Hospital	Ithaca, N. Y.	Int. Med.
Herman M. Biggs Memorial Hospital	Ithaca, N. Y.	Pul. Dis.
Jamaica Hospital *	Jamaica, N. Y.	Surg.
Mary Immaculate Hospital *	Jamaica, N. Y.	Anes., Int. Med., Obst., Path., Ped., Surg.
Queens General Hospital *	Jamaica, N. Y.	Anes., Int. Med., Ob.Gyn., Ophth., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Triboro Hospital	Jamaica, N. Y.	Pul. Dis., Thor. Surg.
Charles S. Wilson Memorial Hospital *	Johnson City, N. Y.	Int. Med., Obst., Path., Rad., Surg.
Pine Wood Sanitarium	Katonah, N. Y.	Psych.
Kings Park State Hospital	Kings Park, N. Y.	Psych.
Benedictine Hospital	Kingston, N. Y.	Gen'l Pract.
Kingston Hospital	Kingston, N. Y.	Gen'l Pract.
Our Lady of Victory Hospital *	Lackawanna, N. Y.	Gen'l Pract.
Niagara Sanatorium	Lockport, N. Y.	Pul. Dis.
River Crest Sanitarium	Long Island City, N. Y.	Psych.
St. John's Long Island City Hospital *	Long Island City, N. Y.	Path.
Marcy State Hospital	Marcy, N. Y.	Psych.
Middletown State Homeopathic Hospital	Middletown, N. Y.	Psych.
Nassau Hospital *	Mineola, N. Y.	Obst., Ortho. Surg., Path., Surg.
Veterans Admin. Hospital	Montrose, N. Y.	Psych.
Mount Morris Tuberculosis Hospital	Mount Morris, N. Y.	Pul. Dis.
Mount Vernon Hospital *	Mount Vernon, N. Y.	Int. Med., Ob., Path., Rad., Surg.
New Rochelle Hospital *	New Rochelle, N. Y.	Int. Med., Path., Rad., Surg.
Bellevue Hospital Center		
Div. I—Columbia University *	New York City, N. Y.	Int. Med., Pul. Dis., Surg., Thor. Surg.
Div. II—Cornell University *	New York City, N. Y.	Int. Med., Neur., Neuro. Surg., Surg., Urol.
Div. III—New York University College of Medicine *	New York City, N. Y.	Int. Med., Neur., Ob.Gyn., Path., Ped., Phys. Med., Psych., Rad., Surg.
Div. IV—New York University Post-Graduate Medical School *	New York City, N. Y.	Anes., Derm. Syph., Int. Med., Neuro. Surg., Ophth., Ortho. Surg., Otol., Rad., Surg.
Beth David Hospital *	New York City, N. Y.	Int. Med., Ob.Gyn., Rad., Surg.
Beth Israel Hospital *	New York City, N. Y.	Anes., Int. Med., Neur., Neuro. Surg., Ob.Gyn., Ophth., Path., Ped., Plas. Surg., Rad., Surg., Urol.
Bronx Eye and Ear Infirmary	New York City, N. Y.	Ophth.
Bronx Hospital *	New York City, N. Y.	Int. Med., Ob.Gyn., Path., Ped., Rad., Surg.
Doctors Hospital	New York City, N. Y.	Path., Rad.
Flower and Fifth Avenue Hospitals *	New York City, N. Y.	Anes., Int. Med., Ob.Gyn., Ortho. Surg., Path., Ped., Rad., Surg.
Fordham Hospital *	New York City, N. Y.	Int. Med., Neur., Ob.Gyn., Path., Ped., Surg.
Francis Delafield Hospital	New York City, N. Y.	Int. Med., Rad., Surg., Urol.
French Hospital *	New York City, N. Y.	Int. Med., Ob.Gyn., Rad., Surg., Urol.
Goldwater Memorial Hospital	New York City, N. Y.	Anes., Int. Med., Neur., Ophth., Path., Phys. Med., Rad., Surg.
Gouverneur Hospital	New York City, N. Y.	Int. Med., Surg.
Harlem Hospital *	New York City, N. Y.	Int. Med., Ob.Gyn., Path., Ped., Rad., Surg.
Hospital for Joint Diseases *	New York City, N. Y.	Anes., Int. Med., Gyn., Ortho. Surg., Path., Phys. Med., Rad.
Hospital for Special Surgery	New York City, N. Y.	Anes., Int. Med., Ortho. Surg., Phys. Med.
Jewish Memorial Hospital *	New York City, N. Y.	Int. Med., Ob.Gyn., Path.
Knickerbocker Hospital *	New York City, N. Y.	Int. Med., Surg.
Lebanon Hospital *	New York City, N. Y.	Int. Med., Path., Surg.

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Name of Hospital	Location	Approved Residencies
Lenox Hill Hospital •	New York City, N. Y.	Anes., Gastro., Int. Med., Neur., Ob.Gyn., Ophth., Ortho. Surg., Path., Ped., Pul. Dis., Rad., Surg.
Lincoln Hospital •	New York City, N. Y.	Int. Med., Ob.Gyn., Path., Ped., Rad., Surg., Urol.
Manhattan Eye, Ear and Throat Hospital	New York City, N. Y.	Ophth., Otol.
Manhattan General Hospital	New York City, N. Y.	Pul. Dis.
Manhattan State Hospital	New York City, N. Y.	Psych.
Memorial Center for Cancer and Allied Diseases	New York City, N. Y.	Anes., Int. Med., Mal. Dis., Path., Rad., Surg.
Metropolitan Hospital •	New York City, N. Y.	Anes., Derm. Syph., Int. Med., Mal. Dis., Neur., Ob.Gyn., Ophth., Ortho. Surg., Path., Ped., Phys. Med., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Misericordia Hospital •	New York City, N. Y.	Obst.
Montefiore Hospital •	New York City, N. Y.	Anes., Int. Med., Mal. Dis., Neur., Ophth., Path., Pul. Dis., Rad., Surg.
Morrisania City Hospital •	New York City, N. Y.	Int. Med., Neur., Ob.Gyn., Path., Ped., Pul. Dis., Rad., Surg., Urol.
Mother Cabrini Memorial Hospital •	New York City, N. Y.	Surg.
Mount Sinai Hospital •	New York City, N. Y.	Derm. Syph., Int. Med., Neur., Neuro. Surg., Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.
New York City Hospital •	New York City, N. Y.	Anes., Derm. Syph., Int. Med., Neur., Ob.Gyn., Ophth., Otol., Path., Ped., Phys. Med., Pul. Dis., Rad., Surg., Urol.
New York Eye and Ear Infirmary	New York City, N. Y.	Ophth., Otol.
New York Foundling Hospital	New York City, N. Y.	Ped.
New York Hospital •	New York City, N. Y.	Allergy, Anes., Derm. Syph., Int. Med., Ob.Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Plas. Surg., Psych., Rad., Surg., Urol.
New York Infirmary •	New York City, N. Y.	Int. Med., Obst., Ped., Surg.
New York Polyclinic Medical School and Hospital •	New York City, N. Y.	Anes., Derm. Syph., Int. Med., Ob.Gyn., Ophth., Ortho. Surg., Otol., Path., Rad., Surg., Urol.
New York State Psychiatric Institute and Hospital	New York City, N. Y.	Psych.
New York University-Bellevue Medical Center University Hospital •	New York City, N. Y.	Allergy, Anes., Derm. Syph., Int. Med., Gyn., Path., Ped., Psych., Rad.
Presbyterian Hospital •	New York City, N. Y.	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Plas. Surg., Rad., Surg., Urol.
Roosevelt Hospital •	New York City, N. Y.	Allergy, Int. Med., Gyn., Otol., Path., Ped., Rad., Surg., Urol.
St. Barnabas Hospital for Chronic Diseases	New York City, N. Y.	Int. Med., Path.
St. Clare's Hospital •	New York City, N. Y.	Anes., Int. Med., Ob.Gyn., Path., Ped., Surg., Urol.
St. Francis Hospital •	New York City, N. Y.	Int. Med., Ob.Gyn., Surg.
St. Joseph Hospital for Chest Diseases	New York City, N. Y.	Pul. Dis.
St. Luke's Hospital	New York City, N. Y.	Anes., Card. Dis., Derm. Syph., Int. Med., Ophth., Ortho. Surg., Path., Ped., Phys. Med., Rad., Surg., Urol.
St. Vincent's Hospital •	New York City, N. Y.	Anes., Int. Med., Neuro. Surg., Ob.Gyn., Path., Ped., Rad., Surg.
Seton Hospital	New York City, N. Y.	Pul. Dis., Thor. Surg.
Sydenham Hospital •	New York City, N. Y.	Anes., Int. Med., Ob.Gyn., Path., Rad., Surg.
Veterans Admin. Hospital	New York City, N. Y.	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ophth., Otol., Ortho. Surg., Path., Phys. Med., Plast. Surg., Psych., Rad., Surg., Thor. Surg., Urol.
Willard Parker Hospital	New York City, N. Y.	Com. Dis., Path., Pul. Dis.
Woman's Hospital	New York City, N. Y.	Ob.Gyn.
St. Lawrence Hospital	Ogdensburgh, N. Y.	Psych.
Homer Folks Tuberculosis Hospital	Oneonta, N. Y.	Pul. Dis., Thor. Surg.
Rockland State Hospital	Orangeburg, N. Y.	Psych.
Stony Lodge Sanitarium	Ossining, N. Y.	Psych.
Municipal Sanatorium	Otisville, N. Y.	Pul. Dis.
United Hospital •	Port Chester, N. Y.	Int. Med., Obst., Path., Rad., Surg.
St. Charles Hospital for Crippled Children	Port Jefferson, N. Y.	Ortho. Surg.
Hudson River State Hospital	Poughkeepsie, N. Y.	Psych.
Vassar Brother Hospital •	Poughkeepsie, N. Y.	Gen'l Pract.
Creedmoor State Hospital	Queens Village, N. Y.	Psych.
Raybrook State Tuberculosis Hospital	Raybrook, N. Y.	Pul. Dis., Thor. Surg.
Genesee Hospital •	Rochester, N. Y.	Anes., Int. Med., Ob.Gyn., Ped., Rad., Surg.
Highland Hospital •	Rochester, N. Y.	Anes., Int. Med., Obst., Surg.
Iola-Monroe County Tuberculosis Sanatorium	Rochester, N. Y.	Pul. Dis.
Rochester General Hospital •	Rochester, N. Y.	Anes., Int. Med., Obst., Ortho. Surg., Path., Ped., Rad., Surg.
Rochester State Hospital	Rochester, N. Y.	Psych.
St. Mary's Hospital •	Rochester, N. Y.	Anes., Int. Med., Ophth., Path., Rad., Surg.
Strong Memorial-Rochester Municipal Hospitals •	Rochester, N. Y.	Int. Med., Neuro. Surg., Ob.Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Plas. Surg., Psych., Rad., Surg., Urol.
St. Francis Sanatorium for Cardiac Children	Roslyn, L. I., N. Y.	Card. Dis.
U. S. Naval Hospital •	St. Albans, N. Y.	Anes., Derm. Syph., Int. Med., Ob.Gyn., Ophth., Ortho. Surg., Path., Psych., Rad., Surg., Thor. Surg., Urol.
Ellis Hospital •	Schenectady, N. Y.	Anes., Int. Med., Ob.Gyn., Ortho. Surg., Path., Rad., Surg.
Schenectady County Tuberculosis Hospital	Schenectady, N. Y.	Pul. Dis.
U. S. Public Health Service Hospital •	Stapleton (Staten Island), N. Y.	Anes., Derm. Syph., Int. Med., Ophth., Ortho. Surg., Path., Rad., Surg., Urol.
St. Vincent's Hospital •	Staten Island, N. Y.	Int. Med., Ortho. Surg., Ped.
Sea View Hospital	Staten Island, N. Y.	Ophth., Ortho. Surg., Ped., Pul. Dis., Rad., Thor. Surg., Urol.
Staten Island Hospital •	Staten Island, N. Y.	Int. Med.
Veterans Admin. Hospital	Sunmount, N. Y.	Pul. Dis.
Crouse-Irving Hospital •	Syracuse, N. Y.	Rad.
General Hospital •	Syracuse, N. Y.	Ob.Gyn.
St. Joseph's Hospital •	Syracuse, N. Y.	Ob.Gyn., Ped.
State University of New York Medical Center	Syracuse, N. Y.	Anes., Int. Med., Neuro. Surg., Ob.Gyn., Ophth., Otol., Path., Ped., Rad., Surg.
Syracuse Psychopathic Hospital	Syracuse, N. Y.	Psych.
Letchworth Village	Thiells, N. Y.	Psych.
Samaritan Hospital •	Troy, N. Y.	Path.
Trudeau Sanatorium	Trudeau, N. Y.	Pul. Dis.
Utica State Hospital	Utica, N. Y.	Psych.
Grasslands Hospital •	Valhalla, N. Y.	Anes., Int. Med., Ophth., Path., Ped., Psych., Pul. Dis., Rad., Surg.
Pilgrim State Hospital	West Brentwood, N. Y.	Psych.
Rehabilitation Hospital	West Haverstraw, N. Y.	Ortho. Surg., Phys. Med.
New York Hospital-Westchester Division	White Plains, N. Y.	Psych.
White Plains Hospital •	White Plains, N. Y.	Int. Med., Surg.
Willard State Hospital	Willard, N. Y.	Psych.
Harlem Valley State Hospital	Wingdale, N. Y.	Psych.
St. John's Riverside Hospital •	Yonkers, N. Y.	Rad.
Charlotte Memorial Hospital •	Charlotte, N. C.	Int. Med., Ob.Gyn., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Duke Hospital •	Durham, N. C.	Allergy, Anes., Card. Dis., Derm. Syph., Gastro., Int. Med., Neur., Neuro. Surg., Ob.Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Plas. Surg., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Lincoln Hospital •	Durham, N. C.	Surg.
McPherson Hospital	Durham, N. C.	Ophth., Otol.
Watts Hospital •	Durham, N. C.	Int. Med., Obst., Path., Ped., Rad., Surg., Urol.

• Indicates hospitals approved for training interns.

Name of Hospital	Location	Approved Residencies
U. S. Army Hospital	Fort Bragg, N. C.	Surg.
North Carolina Orthopedic Hospital	Gastonia, N. C.	Ortho. Surg.
Sternberger Hospital for Women and Children	Greensboro, N. C.	Ped.
North Carolina Sanatorium for the Treatment of Tuberculosis	McCain, N. C.	Pul. Dis.
Veterans Admin. Hospital	Oteen, N. C.	Path., Pul. Dis., Thor. Surg.
Rex Hospital *	Raleigh, N. C.	Int. Med., Ob.Gyn., Ped., Surg.
State Hospital	Raleigh, N. C.	Psych.
Babies Hospital	Wilmington, N. C.	Ped.
James Walker Memorial Hospital *	Wilmington, N. C.	Int. Med., Ped., Surg.
City Memorial Hospital *	Winston-Salem, N. C.	Int. Med., Ped., Surg.
Kate Bitting Reynolds Memorial Hospital *	Winston-Salem, N. C.	Int. Med., Surg.
North Carolina Baptist Hospital *	Winston-Salem, N. C.	Int. Med., Neur., Neuro. Surg., Ob.Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Thor. Surg., Urol.
Bismarck Hospital	Bismarck, N. D.	Int. Med., Rad., Surg.
St. Luke's Hospital *	Fargo, N. D.	Int. Med., Ob.Gyn., Surg.
Children's Hospital	Akron, Ohio	Ortho. Surg., Ped., Surg.
City Hospital *	Akron, Ohio	Int. Med., Ob.Gyn., Ortho. Surg., Path., Rad., Surg.
Peoples Hospital *	Akron, Ohio	Gen'l Pract. Int. Med., Ob.Gyn., Path., Rad., Surg.
St. Thomas Hospital *	Akron, Ohio	Int. Med., Ob.Gyn., Surg.
Veterans Admin. Hospital	Brecksville, Ohio	Pul. Dis.
Aultman Hospital *	Canton, Ohio	Int. Med., Path., Rad., Surg.
Mercy Hospital *	Canton, Ohio	Anes., Int. Med., Ob.Gyn., Rad., Surg.
Windsor Hospital	Chagrin Falls, Ohio	Psych.
Bethesda Hospital *	Cincinnati, Ohio	Ob.Gyn., Path.
Children's Hospital	Cincinnati, Ohio	Ortho. Surg., Ped., Surg.
Christ Hospital *	Cincinnati, Ohio	Anes., Gen'l Pract., Int. Med., Neuro. Surg., Path., Psych., Surg.
Cincinnati General Hospital *	Cincinnati, Ohio	Card. Dis., Derm. Syph., Int. Med., Neur., Neuro. Surg., Obst., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Deaconess Hospital *	Cincinnati, Ohio	Int. Med., Surg.
Good Samaritan Hospital *	Cincinnati, Ohio	Gen'l Pract., Int. Med., Neuro. Surg., Path., Ped., Rad., Surg.
Jewish Hospital *	Cincinnati, Ohio	Int. Med., Ortho. Surg., Path., Rad., Surg.
Longview State Hospital	Cincinnati, Ohio	Psych.
St. Mary's Hospital *	Cincinnati, Ohio	Surg.
City Hospital *	Cleveland, Ohio	Con. Dis., Derm. Syph., Int. Med., Ob.Gyn., Ophth., Otol., Path., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Cleveland Clinic Hospital	Cleveland, Ohio	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ophth., Otol., Ortho. Surg., Path., Phys. Med., Psych., Rad., Surg., Urol.
Cleveland Receiving Hospital	Cleveland, Ohio	Psych.
Cleveland State Hospital	Cleveland, Ohio	Psych.
Fairview Park Hospital *	Cleveland, Ohio	Int. Med., Obst., Surg.
Glenville Hospital *	Cleveland, Ohio	Gen'l Pract.
Lutheran Hospital *	Cleveland, Ohio	Int. Med., Obst., Rad., Surg.
Mount Sinai Hospital *	Cleveland, Ohio	Anes., Int. Med., Ob.Gyn., Ortho. Surg., Path., Rad., Surg.
St. Alexis Hospital *	Cleveland, Ohio	Int. Med., Surg.
St. Anne's Maternity Hospital	Cleveland, Ohio	Obst.
St. John's Hospital *	Cleveland, Ohio	Int. Med., Ob.Gyn., Surg.
St. Luke's Hospital *	Cleveland, Ohio	Anes., Int. Med., Ob.Gyn., Ophth., Otol., Ortho. Surg., Path., Rad., Surg.
St. Vincent Charity Hospital *	Cleveland, Ohio	Int. Med., Path., Rad., Surg.
U. S. Public Health Service Hospital *	Cleveland, Ohio	Surg.
University Hospital *	Cleveland, Ohio	Derm. Syph., Int. Med., Ob.Gyn., Ophth., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Veterans Admin. Hospital	Cleveland, Ohio	Int. Med., Neur., Neuro. Surg., Ophth., Ortho. Surg., Path., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.
Doctors Hospital *	Cleveland Heights, Ohio	Surg.
Benjamin Franklin Hospital	Columbus, Ohio	Pul. Dis., Thor. Surg.
Children's Hospital	Columbus, Ohio	Ortho. Surg., Ped.
Columbus State Hospital	Columbus, Ohio	Psych.
Grant Hospital *	Columbus, Ohio	Path.
Mount Carmel Hospital *	Columbus, Ohio	Int. Med., Obst., Ortho. Surg., Surg.
University Hospitals:		
Ohio State University Hospital *	Columbus, Ohio	Anes., Card. Dis., Gastro., Int. Med., Ob.Gyn., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Rad., Surg., Urol.
St. Francis Hospital *	Columbus, Ohio	Surg.
Ohio Tuberculosis Hospital	Columbus, Ohio	Pul. Dis.
St. Anne's Maternity Hospital	Columbus, Ohio	Obst.
White Cross Hospital *	Columbus, Ohio	Card. Dis., Int. Med., Neuro. Surg., Obst., Ortho. Surg., Path., Surg.
Good Samaritan Hospital *	Dayton, Ohio	Ob.Gyn., Surg.
Miami Valley Hospital *	Dayton, Ohio	Int. Med., Obst., Path., Rad., Surg.
St. Elizabeth Hospital *	Dayton, Ohio	Rad., Surg.
Veterans Admin. Hospital	Dayton, Ohio	Int. Med., Path., Rad., Surg., Urol.
Huron Road Hospital *	East Cleveland, Ohio	Anes., Int. Med., Ob.Gyn., Path., Rad., Surg., Urol.
Elyria Memorial Hospital and Gates Hospital for Crippled Children *	Elyria, Ohio	Ortho. Surg.
Marymount Hospital *	Garfield Heights, Ohio	Anes., Int. Med., Surg.
Mercy Hospital *	Hamilton, Ohio	Path., Surg.
Lakewood Hospital *	Lakewood, Ohio	Int. Med., Obst., Surg.
Lima Memorial Hospital *	Lima, Ohio	Gen'l Pract.
St. Rita's Hospital *	Lima, Ohio	Gen'l Pract., Int. Med., Obst., Path., Surg.
Mansfield General Hospital	Mansfield, Ohio	Surg.
Massillon State Hospital	Massillon, Ohio	Psych.
Springfield City Hospital *	Springfield, Ohio	Path.
Maumee Valley Hospital *	Toledo, Ohio	Anes., Int. Med., Obst., Surg.
Mercy Hospital *	Toledo, Ohio	Int. Med., Ob.Gyn., Path., Ped., Surg.
St. Vincent's Hospital *	Toledo, Ohio	Gen'l Pract., Int. Med., Neuro. Surg., Ob.Gyn., Ortho. Surg., Path., Rad., Surg., Urol.
Toledo Hospital *	Toledo, Ohio	Gen'l Pract., Int. Med., Ob.Gyn., Path., Surg.
Sunny Acres, Cuyahoga County Tuberculosis Hospital	Warrensville, Ohio	Pul. Dis.
Harding Sanitarium	Worthington, Ohio	Psych.
Mahoning County Tuberculosis Sanatorium	Youngstown, Ohio	Pul. Dis.
St. Elizabeth's Hospital *	Youngstown, Ohio	Anes., Int. Med., Ob.Gyn., Rad., Surg.
Youngstown Hospital *	Youngstown, Ohio	Anes., Int. Med., Ortho. Surg., Path., Proct., Rad., Surg.
Central Oklahoma State Hospital	Norman, Okla.	Psych.
Bone and Joint Hospital and McBride Clinic	Oklahoma City, Okla.	Ortho. Surg.
St. Anthony Hospital *	Oklahoma City, Okla.	Int. Med., Ob.Gyn., Ortho. Surg., Surg.
University Hospitals *	Oklahoma City, Okla.	Anes., Derm. Syph., Gen'l Pract., Int. Med., Neuro. Surg., Ob.Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Plast. Surg., Rad., Surg., Urol.
Veterans Admin. Hospital *	Oklahoma City, Okla.	Int. Med., Ortho. Surg., Rad., Surg.
Wesley Hospital *	Oklahoma City, Okla.	Int. Med., Ob.Gyn., Surg.
Hillcrest Memorial Hospital *	Tulsa, Okla.	Int. Med., Path., Ped., Surg., Urol.
St. John's Hospital *	Tulsa, Okla.	Int. Med., Obst., Ped., Rad., Surg., Urol.

* Indicates hospitals approved for training interns.

Name of Hospital	Location	Approved Residencies
Emanuel Hospital *	Portland, Ore.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Surg.
Good Samaritan Hospital *	Portland, Ore.	Int. Med., Path.
Providence Hospital *	Portland, Ore.	Int. Med., Path., Surg.
St. Vincent's Hospital *	Portland, Ore.	Int. Med., Obst., Path., Rad., Surg., Urol.
Shriners Hospital for Crippled Children	Portland, Ore.	Ortho. Surg.
University of Oregon Medical School Hospitals and Clinics *	Portland, Ore.	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Rad., Surg., Thor. Surg., Urol.
Veterans Admin. Hospital	Portland, Ore.	Anes., Int. Med., Otol., Ortho. Surg., Phys. Med., Rad., Surg., Urol.
Oregon State Hospital	Salem, Ore.	Psych.
Abington Memorial Hospital *	Abington, Pa.	Anes., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Allentown Hospital *	Allentown, Pa.	Anes., Int. Med., Path., Plas. Surg., Proct., Surg., Urol.
Allentown State Hospital	Allentown, Pa.	Psych.
Sacred Heart Hospital *	Allentown, Pa.	Int. Med., Path., Surg.
Veterans Admin. Hospital	Aspinwall, Pa.	Allergy, Derm. Syph., Int. Med., Ophth., Otol., Ortho. Surg., Path., Phys. Med., Rad., Surg., Urol.
St. Luke's Hospital *	Bethlehem, Pa.	Int. Med., Ob.-Gyn., Path., Surg.
Bradford Hospital	Bradford, Pa.	Gen'l Pract., Surg.
Bryn Mawr Hospital *	Bryn Mawr, Pa.	Int. Med., Ob.-Gyn., Path., Rad., Surg.
Veterans Admin. Hospital	Coatesville, Pa.	Neuro., Psych.
Danville State Hospital	Danville, Pa.	Psych.
George F. Geisinger Memorial Hospital *	Danville, Pa.	Int. Med., Obst., Ophth., Otol., Ortho. Surg., Path., Rad., Surg., Urol.
Fitzgerald-Mercy Hospital *	Darby, Pa.	Ob.-Gyn., Path.
Eagleville Sanatorium for Consumptives	Eagleville, Pa.	Pul. Dis.
Easton Hospital *	Easton, Pa.	Int. Med., Surg.
State Hospital for Crippled Children	Elizabethtown, Pa.	Ortho. Surg.
Hamot Hospital *	Erie, Pa.	Int. Med., Ortho. Surg., Path., Surg.
St. Vincent's Hospital *	Erie, Pa.	Rad., Surg., Urol.
Westmoreland Hospital Association *	Greensburg, Pa.	Int. Med.
Pennsylvania State Sanatorium for Tuberculosis	Hamburg, Pa.	Pul. Dis.
Harrisburg Hospital *	Harrisburg, Pa.	Int. Med., Obst., Surg., Urol.
Harrisburg Polyclinic Hospital *	Harrisburg, Pa.	Int. Med., Surg.
Harrisburg State Hospital	Harrisburg, Pa.	Psych.
Hazelton State Hospital	Hazleton, Pa.	Surg.
St. Joseph's Hospital *	Lancaster, Pa.	Gen'l Pract., Path., Surg.
Norristown State Hospital	Norristown, Pa.	Psych.
American Oncologic Hospital	Philadelphia, Pa.	Mal. Dis., Rad.
Children's Hospital	Philadelphia, Pa.	Ortho. Surg., Ped., Surg.
Children's Hospital of the Mary J. Drexel Home	Philadelphia, Pa.	Ped.
Doctors Hospital	Philadelphia, Pa.	Surg.
Episcopal Hospital *	Philadelphia, Pa.	Int. Med., Ob.-Gyn., Path., Rad., Surg., Thor. Surg., Urol.
Frankford Hospital *	Philadelphia, Pa.	Ob.-Gyn., Path., Rad., Surg.
Friends Hospital	Philadelphia, Pa.	Psych.
Germantown Hospital and Dispensary *	Philadelphia, Pa.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg., Urol.
Graduate Hospital of the University of Pennsylvania *	Philadelphia, Pa.	Anes., Card. Dis., Derm. Syph., Gastro., Gyn., Int. Med., Neur., Neuro. Surg., Ophth., Otol., Ortho. Surg., Path., Ped., Plas. Surg., Rad., Surg., Urol.
Hahnemann Hospital *	Philadelphia, Pa.	Anes., Derm. Syph., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg., Thor. Surg., Urol.
Hospital of the University of Pennsylvania *	Philadelphia, Pa.	Anes., Derm. Syph., Gastro., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.
Hospital of the Women's Medical College of Pennsylvania *	Philadelphia, Pa.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Institute of the Pennsylvania Hospital	Philadelphia, Pa.	Psych.
Jeanes Hospital	Philadelphia, Pa.	Mal. Dis., Rad.
Jefferson Medical College Hospital *	Philadelphia, Pa.	Derm. Syph., Gastro., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Proct., Psych., Pul. Dis., Rad., Surg., Urol.
Albert Einstein Medical Center Northern Division *	Philadelphia, Pa.	Anes., Int. Med., Gyn., Path., Ped., Rad., Surg.
Southern Division *	Philadelphia, Pa.	Anes., Int. Med., Ob.-Gyn., Path., Ped., Psych., Rad., Surg., Urol.
Lankenau Hospital *	Philadelphia, Pa.	Anes., Int. Med., Obst., Path., Surg., Urol.
Mercy-Douglass Hospital *	Philadelphia, Pa.	Ob.-Gyn., Rad.
Methodist Episcopal Hospital *	Philadelphia, Pa.	Int. Med., Ob.-Gyn., Surg.
Misericordia Hospital *	Philadelphia, Pa.	Surg.
Nazareth Hospital *	Philadelphia, Pa.	Rad.
Pennsylvania Hospital *	Philadelphia, Pa.	Card. Dis., Derm. Syph., Int. Med., Ob.-Gyn., Path., Rad., Surg., Urol.
Pennsylvania Hospital-Department for Mental and Nervous Diseases	Philadelphia, Pa.	Psych.
Philadelphia General Hospital *	Philadelphia, Pa.	Anes., Card. Dis., Derm. Syph., Int. Med., Neur., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Psych., Pul. Dis., Rad., Surg., Urol.
Philadelphia Hospital for Contagious Diseases	Philadelphia, Pa.	Con. Dis.
Philadelphia Psychiatric Hospital	Philadelphia, Pa.	Psych.
Philadelphia State Hospital	Philadelphia, Pa.	Psych.
Presbyterian Hospital *	Philadelphia, Pa.	Anes., Int. Med., Path., Rad., Surg., Urol.
St. Christopher's Hospital for Children	Philadelphia, Pa.	Ped.
St. Joseph's Hospital *	Philadelphia, Pa.	Surg.
St. Luke's and Children's Medical Center *	Philadelphia, Pa.	Ped.
St. Mary's Hospital *	Philadelphia, Pa.	Surg.
Shriners' Hospital for Crippled Children	Philadelphia, Pa.	Ortho. Surg.
Skin and Cancer Hospital	Philadelphia, Pa.	Derm. Syph.
Temple University Hospital *	Philadelphia, Pa.	Anes., Gastro., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Proct., Psych., Rad., Surg., Urol.
U. S. Naval Hospital *	Philadelphia, Pa.	Anes., Derm. Syph., Int. Med., Neur., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Wills Hospital	Philadelphia, Pa.	Ophth.
Woman's Hospital *	Philadelphia, Pa.	Int. Med., Ob.-Gyn., Surg.
Valley Forge Army Hospital *	Phoenixville, Pa.	Int. Med., Surg.
Allegheny General Hospital *	Pittsburgh, Pa.	Anes., Int. Med., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Children's Hospital	Pittsburgh, Pa.	Ortho. Surg., Path., Ped., Surg.
Elizabeth Steel Magee Hospital	Pittsburgh, Pa.	Int. Med., Ob.-Gyn.
Eye, Ear, Nose and Throat Hospital	Pittsburgh, Pa.	Ophth., Otol.
Mercy Hospital *	Pittsburgh, Pa.	Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Path., Rad., Surg., Urol.
Montefiore Hospital *	Pittsburgh, Pa.	Allergy, Anes., Int. Med., Obst., Ophth., Path., Rad., Surg.
Pittsburgh Hospital *	Pittsburgh, Pa.	Ob.-Gyn., Surg.
Pittsburgh Medical Center	Pittsburgh, Pa.	Derm. Syph., Rad., Urol.
Presbyterian Hospital *	Pittsburgh, Pa.	Card. Dis., Int. Med., Ortho. Surg., Path., Plas. Surg., Proct., Surg., Urol.
St. Francis Hospital *	Pittsburgh, Pa.	Anes., Card. Dis., Int. Med., Neur., Ob.-Gyn., Ortho. Surg., Path., Psych., Rad., Surg.

* Indicates hospitals approved for training interns.

Name of Hospital	Location	Approved Residencies
St. Margaret Memorial Hospital*	Pittsburgh, Pa.	Ob.-Gyn., Int. Med.
South Side Hospital*	Pittsburgh, Pa.	Ob.-Gyn.
Tuberculosis League Hospital	Pittsburgh, Pa.	Pul. Dis.
Western Pennsylvania Hospital*	Pittsburgh, Pa.	Int. Med., Neuro. Surg., Path., Ped., Rad., Surg.
Western State Psychiatric Institute and Clinic	Pittsburgh, Pa.	Psych.
Community General Hospital*	Reading, Pa.	Gen'l Pract.
Reading Hospital*	Reading, Pa.	Int. Med., Ortho. Surg., Path., Proct., Rad., Surg.
St. Joseph's Hospital*	Reading, Pa.	Int. Med., Rad., Surg.
Robert Packer Hospital*	Sayre, Pa.	Anes., Int. Med., Neuro. Surg., Ophth., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Scranton State Hospital*	Scranton, Pa.	Int. Med., Path.
Sharon General Hospital	Sharon, Pa.	Gen'l Pract., Rad.
Warren State Hospital	Warren, Pa.	Psych.
Chester County Hospital*	West Chester, Pa.	Rad.
Mercy Hospital*	Wilkes-Barre, Pa.	Surg., Urol.
Wilkes-Barre General Hospital*	Wilkes-Barre, Pa.	Int. Med., Obst., Surg., Urol.
Columbia Hospital*	Wilkinsburg, Pa.	Surg.
Williamsport Hospital*	Williamsport, Pa.	Path., Surg.
Woodville State Hospital	Woodville, Pa.	Psych.
York Hospital*	York, Pa.	Int. Med. Path., Surg.
State Hospital for Mental Diseases	Howard, R. I.	Psych.
Memorial Hospital*	Pawtucket, R. I.	Gen'l Pract.
Butler Hospital	Providence, R. I.	Psych.
Charles V. Chapin Hospital	Providence, R. I.	Ped., Psych.
Providence Lying-In Hospital	Providence, R. I.	Obst.
Rhode Island Hospital*	Providence, R. I.	Anes., Card. Dis., Int. Med., Gyn., Ortho. Surg., Otol., Path., Ped., Rad., Surg., Urol.
Roger Williams General Hospital*	Providence, R. I.	Rad.
Roper Hospital*	Charleston, S. C.	Anes., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Columbia Hospital*	Columbia, S. C.	Int. Med., Ob.-Gyn., Ortho. Surg., Ped., Rad.
Veterans Admin Hospital	Columbia, S. C.	Int. Med., Ortho. Surg., Rad., Surg., Urol.
Greenville General Hospital*	Greenville, S. C.	Ob.-Gyn., Ortho. Surg.
Shriners Hospital for Crippled Children	Greenville, S. C.	Ortho. Surg.
Orangeburg Regional Hospital*	Orangeburg, S. C.	Urol.
Spartanburg General Hospital*	Spartanburg, S. C.	Gen'l Pract., Rad.
Sacred Heart Hospital*	Yankton, S. D.	Gen'l Pract.
Baroness Erlanger Hospital*	Chattanooga, Tenn.	Anes., Int. Med., Obst., Ortho. Surg., Path., Surg.
Newell Hospital	Chattanooga, Tenn.	Surg.
Knoxville General Hospital*	Knoxville, Tenn.	Int. Med., Ob.-Gyn., Ped., Surg.
St. Mary's Memorial Hospital*	Knoxville, Tenn.	Gen'l Pract., Int. Med., Ortho. Surg.
Madison Rural Hospital and Sanitarium	Madison College, Tenn.	Gen'l Pract.
Baptist Memorial Hospital*	Memphis, Tenn.	Int. Med., Neuro. Surg., Ob.-Gyn., Path., Ped., Rad., Surg., Thor. Surg., Urol.
Campbell Clinic Hospital	Memphis, Tenn.	Ortho. Surg.
Gailor Memorial Psychiatric Hospital	Memphis, Tenn.	Psych.
John Gaston Hospital*	Memphis, Tenn.	Anes., Int. Med., Ob.-Gyn., Ophth., Otol., Path., Ped., Rad., Surg., Urol.
Memphis Eye, Ear, Nose and Throat Hospital	Memphis, Tenn.	Ophth.
Methodist Hospital*	Memphis, Tenn.	Obst., Path., Ped., Rad., Surg.
St. Joseph's Hospital*	Memphis, Tenn.	Int. Med., Ob.-Gyn., Path., Ped., Surg., Urol.
Veterans Admin. Hospital	Memphis, Tenn.	Int. Med., Neuro. Surg., Ophth., Otol., Ortho. Surg., Path., Phys. Med., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
George W. Hubbard Hospital of Meharry Medical College*	Nashville, Tenn.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Mid State Baptist Hospital*	Nashville, Tenn.	Obst., Surg.
Nashville General Hospital*	Nashville, Tenn.	Int. Med., Ob.-Gyn., Path., Surg., Urol.
St. Thomas Hospital*	Nashville, Tenn.	Int. Med., Obst., Ped., Surg.
Vanderbilt University Hospital*	Nashville, Tenn.	Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Path., Ped., Psych., Rad., Surg.
Veterans Admin. Hospital*	Nashville, Tenn.	Int. Med., Path., Psych., Rad., Surg.
Oakville Memorial Sanatorium	Oakville, Tenn.	Pul. Dis.
Brackenridge Hospital*	Austin, Texas	Gen'l Pract., Path., Surg.
Baylor University Hospital*	Dallas, Texas	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Plas. Surg., Rad., Surg., Thor. Surg.
Beverly Hills Clinic and Sanitarium	Dallas, Texas	Psych.
Children's Medical Center	Dallas, Texas	Ped.
Gaston Hospital	Dallas, Texas	Surg.
Methodist Hospital*	Dallas, Texas	Int. Med., Ob.-Gyn., Rad., Surg.
Parkland Hospital*	Dallas, Texas	Int. Med., Neur., Ob.-Gyn., Ophth., Ortho. Surg., Path., Psych., Rad., Surg., Urol.
St. Paul's Hospital*	Dallas, Texas	Int. Med., Ob.-Gyn., Path., Ped., Rad.
Texas Scottish Rite Hospital for Crippled Children	Dallas, Texas	Ortho. Surg.
Timberlawn Sanitarium	Dallas, Texas	Psych.
Veterans Admin. Hospital*	Dallas, Texas	Int. Med., Ophth., Otol., Ortho. Surg., Path., Rad., Surg., Urol.
Woodlawn Hospital	Dallas, Texas	Pul. Dis.
Hotel Dieu, Sisters Hospital	El Paso, Texas	Obst.
William Beaumont Army Hospital*	El Paso, Texas	Int. Med., Surg.
All Saints Hospital	Fort Worth, Texas	Gen'l Pract.
City-County Hospital*	Fort Worth, Texas	Gen'l Pract.
Harris Hospital*	Fort Worth, Texas	Anes., Int. Med., Ob.-Gyn., Surg.
St. Joseph Hospital*	Fort Worth, Texas	Gen'l Pract.
St. Mary's Hospital	Galveston, Texas	Gen'l Pract.
University of Texas Medical Branch Hospitals*	Galveston, Texas	Anes., Card. Dis., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Plas. Surg., Psych., Rad., Surg., Urol.
Hermann Hospital*	Houston, Texas	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Jefferson Davis Hospital*	Houston, Texas	Int. Med., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Plas. Surg., Surg., Urol.
M. D. Anderson Hospital for Cancer Research	Houston, Texas	Int. Med., Mal. Dis., Path., Rad., Surg.
Methodist Hospital*	Houston, Texas	Int. Med., Neuro. Surg., Ob.-Gyn., Rad., Surg.
St. Joseph's Infirmary*	Houston, Texas	Obst., Ortho. Surg., Path., Rad., Surg., Urol.
Southern Pacific Hospital	Houston, Texas	Int. Med., Surg.
Veterans Admin. Hospital*	Houston, Texas	Anes., Int. Med., Nerv., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Psych., Pul. Dis., Surg., Urol.
Veterans Admin. Hospital*	McKinney, Texas	Anes., Int. Med., Ophth., Ortho. Surg., Path., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Shannon West Texas Memorial Hospital	San Angelo, Texas	Gen'l Pract.
Baptist Memorial Hospital*	San Antonio, Texas	Gen'l Pract., Ob.-Gyn., Path.
Brooke Army Hospital*	San Antonio, Texas	Anes., Card. Dis., Derm. Syph., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Rad., Surg., Urol.
Robert B. Green Memorial Hospital*	San Antonio, Texas	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Surg.
Santa Rosa Hospital*	San Antonio, Texas	Int. Med., Path., Ped., Rad

* Indicates hospitals approved for training interns.

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Name of Hospital	Location	Approved Residencies
U. S. Air Force Hospital	San Antonio, Texas	Int. Med., Surg.
Kings Daughters Hospital •	Temple, Texas	Gen'l Pract.
Scott and White Memorial Hospital •	Temple, Texas	Int. Med., Ortho. Surg., Rad., Surg.
U. S. Air Force Hospital	Wichita Falls, Texas	Surg.
Veterans Admin. Hospital	Waco, Texas	Psych.
Wichita Falls Clinic-Hospital •	Wichita Falls, Texas	Int. Med., Rad., Surg., Urol.
Wichita General Hospital	Wichita Falls, Texas	Gen'l Pract.
St. Benedict's Hospital •	Ogden, Utah	Path.
Thomas D. Dee Memorial Hospital •	Ogden, Utah	Int. Med., Ob.-Gyn., Surg.
Dr. W. H. Groves Latter-Day Saints Hospital •	Salt Lake City, Utah	Int. Med., Ob.-Gyn., Path., Surg.
Holy Cross Hospital •	Salt Lake City, Utah	Int. Med., Obst., Path., Surg.
St. Mark's Hospital •	Salt Lake City, Utah	Ortho. Surg., Surg.
Salt Lake County General Hospital •	Salt Lake City, Utah	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Psych., Surg.
Veterans Admin. Hospital •	Salt Lake City, Utah	Int. Med., Ortho. Surg., Path., Surg.
Bishop DeGoesbriand Hospital •	Burlington, Vt.	Anes., Int. Med., Ob.-Gyn., Rad., Surg.
Mary Fletcher Hospital •	Burlington, Vt.	Anes., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg., Urol.
Vermont State Hospital	Waterbury, Vt.	Psych.
Veterans Admin. Hospital	White River Junction, Vt.	Anes., Int. Med., Neuro. Surg., Plas. Surg., Rad., Surg., Urol.
Alexandria Hospital •	Alexandria, Va.	Ob., Surg.
Arlington Hospital	Arlington, Va.	Obst.
University of Virginia Hospital •	Charlottesville, Va.	Allergy, Anes., Derm. Syph., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Chesapeake & Ohio Hospital •	Clifton Forge, Va.	Int. Med., Surg.
Memorial Hospital •	Danville, Va.	Path.
Mary Immaculate Hospital •	Newport News, Va.	Surg.
Riverside Hospital •	Newport News, Va.	Gen'l Pract., Int. Med., Ob.-Gyn., Surg.
De Paul Hospital •	Norfolk, Va.	Int. Med., Ob.-Gyn., Path., Rad., Surg.
Norfolk General Hospital •	Norfolk, Va.	Int. Med., Obst., Path., Rad., Surg.
U. S. Naval Hospital •	Portsmouth, Va.	Gen'l Pract., Int. Med., Ob.-Gyn., Ortho. Surg., Psych., Surg.
Crippled Children's Hospital	Richmond, Va.	Ortho. Surg.
Johnston-Willis Hospital •	Richmond, Va.	Int. Med., Ob.
Medical College of Virginia (Hospital Division) •	Richmond, Va.	Allergy, Anes., Derm. Syph., Int. Med., Neuro. Surg., Obst., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Retreat for the Sick	Richmond, Va.	Gen'l Pract.
St. Elizabeth Hospital	Richmond, Va.	Surg.
Sheltering Arms Hospital	Richmond, Va.	Gen'l Pract.
Veterans Admin. Hospital •	Richmond, Va.	Anes., Card. Dis., Gastro., Int. Med., Neur., Neuro. Surg., Ophth., Ortho. Surg., Path., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Gill Memorial Eye, Ear and Throat Hospital	Roanoke, Va.	Ophth., Otol.
Jefferson Hospital •	Roanoke, Va.	Int. Med., Surg.
Lewis-Gale Hospital •	Roanoke, Va.	Int. Med., Surg.
Veterans Admin. Hospital	Roanoke, Va.	Psych.
Eastern State Hospital	Williamsburg, Va.	Psych.
Madigan General Hospital •	Fort Lewis, Wash.	Int. Med., Surg.
Western State Hospital	Fort Steilacoom, Wash.	Psych.
Eastern State Hospital	Medical Lake, Wash.	Psych.
Kadlec Hospital •	Richland, Wash.	Gen'l Pract.
Children's Orthopedic Hospital	Seattle, Wash.	Ortho. Surg., Ped., Surg.
Doctors Hospital •	Seattle, Wash.	Int. Med., Surg.
Firland Sanatorium	Seattle, Wash.	Pul. Dis., Thor. Surg.
King County Hospital No. 1, (Harborview) •	Seattle, Wash.	Anes., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Surg.
Maynard Hospital	Seattle, Wash.	Gen'l Pract.
Pinel Foundation	Seattle, Wash.	Psych.
Providence Hospital •	Seattle, Wash.	Gen'l Pract., Int. Med., Obst., Ortho. Surg., Path., Surg.
Swedish Hospital •	Seattle, Wash.	Int. Med., Ob.-Gyn., Path., Rad., Surg.
U. S. Public Health Service Hospital •	Seattle, Wash.	Int. Med., Ophth., Path., Surg.
Veterans Admin. Hospital •	Seattle, Wash.	Int. Med., Psych., Surg.
Virginia Mason Hospital •	Seattle, Wash.	Anes., Int. Med., Obst., Rad., Surg.
Deaconess Hospital •	Spokane, Wash.	Int. Med., Path.
Sacred Heart Hospital •	Spokane, Wash.	Gen'l Pract., Rad.
St. Luke's Hospital •	Spokane, Wash.	Int. Med., Ob.-Gyn., Path., Surg.
Shriners Hospital for Crippled Children	Spokane, Wash.	Ortho. Surg.
St. Joseph Hospital •	Tacoma, Wash.	Path.
Tacoma General Hospital •	Tacoma, Wash.	Anes., Path.
Northern Permanente Foundation	Vancouver, Wash.	Int. Med.
Beckley Hospital	Beckley, W. Va.	Surg.
Bluefield Sanitarium •	Bluefield, W. Va.	Gen'l Pract.
Charleston General Hospital •	Charleston, W. Va.	Int. Med., Ortho. Surg., Path., Surg.
Kanawha Valley Hospital •	Charleston, W. Va.	Gen'l Pract., Surg.
Memorial Hospital •	Charleston, W. Va.	Gen'l Pract.
Chesapeake & Ohio Hospital	Huntington, W. Va.	Int. Med., Surg.
St. Mary's Hospital •	Huntington, W. Va.	Int. Med., Obst., Ortho. Surg., Surg., Urol.
Veterans Admin. Hospital	Martinsburg, W. Va.	Int. Med., Surg., Thor. Surg.
Morris Memorial Hospital	Milton, W. Va.	Ortho. Surg.
Laird Memorial Hospital	Montgomery, W. Va.	Surg.
St. Joseph's Hospital •	Parkersburg, W. Va.	Surg.
Myers Clinic Hospital	Philippi, W. Va.	Surg.
Ohio Valley General Hospital •	Wheeling, W. Va.	Anes., Gen'l Pract.
La Crosse Lutheran Hospital •	La Crosse, Wis.	Int. Med., Surg., Urol.
Madison General Hospital •	Madison, Wis.	Int. Med., Surg., Urol.
Methodist Hospital •	Madison, Wis.	Rad., Surg.
St. Mary's Hospital •	Madison, Wis.	Int. Med., Rad.
University Hospitals State of Wisconsin General Hospital •	Madison, Wis.	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Plas. Surg., Psych., Rad., Surg., Urol.
Veterans Admin. Hospital	Madison, Wis.	Pul. Dis.
St. Joseph's Hospital •	Marshfield, Wis.	Int. Med., Ophth., Rad.
Columbia Hospital •	Milwaukee, Wis.	Int. Med., Obst., Ortho. Surg., Path., Rad., Surg.
Evangelical Deaconess Hospital •	Milwaukee, Wis.	Gen'l Pract., Rad., Surg.
Milwaukee Children's Hospital •	Milwaukee, Wis.	Ortho. Surg., Ped., Surg.
Milwaukee County Hospital •	Milwaukee, Wis.	Allergy, Int. Med., Ob.-Gyn., Ophth., Otol., Path., Ped., Proct., Rad., Surg., Urol.
Milwaukee County Hospital for Mental Diseases	Milwaukee, Wis.	Psych.
Milwaukee Hospital •	Milwaukee, Wis.	Int. Med., Ob.-Gyn., Rad., Surg.
Mount Sinai Hospital •	Milwaukee, Wis.	Int. Med., Ob.-Gyn., Surg.
Muirdale Sanatorium	Milwaukee, Wis.	Pul. Dis., Thor. Surg.
St. Joseph's Hospital •	Milwaukee, Wis.	Int. Med., Ob.-Gyn., Path., Rad., Surg.
St. Luke's Hospital •	Milwaukee, Wis.	Ob.-Gyn., Surg.
St. Mary's Hospital •	Milwaukee, Wis.	Ob.-Gyn., Path., Surg.
St. Michael's Hospital •	Milwaukee, Wis.	Gen'l Pract.
Veterans Admin. Hospital	Milwaukee, Wis.	Anes., Derm. Syph., Int. Med., Ophth., Otol., Ortho. Surg., Path., Phys. Med., Pul. Dis., Rad., Surg., Urol.

• Indicates hospitals approved for training interns.

Name of Hospital	Location	Approved Residencies
Wisconsin State Sanatorium	Statesan, Wis.	Pul. Dis.
Milwaukee Sanatorium	Wauwatosa, Wis.	Psych.
Kapiolani Maternity and Gynecological Hospital	Honolulu, Hawaii	Ob.Gyn.
Kaaikoelani Children's Hospital	Honolulu, Hawaii	Ped.
Leahi Hospital	Honolulu, Hawaii	Pul. Dis., Thor. Surg.
Queen's Hospital *	Honolulu, Hawaii	Int. Med., Ob.Gyn., Path., Psych., Rad., Surg.
St. Francis Hospital	Honolulu, Hawaii	Ob.Gyn.
Shriners Hospital for Crippled Children	Honolulu, Hawaii	Ortho. Surg.
Tripler Army Hospital *	Honolulu, Hawaii	Int. Med., Ob.Gyn., Rad., Surg., Urol.
Territorial Hospital	Kaneohe, Oahu, Hawaii	Psych.
Bayamon District Hospital *	Bayamon, P. R.	Ped.
San Juan City Hospital *	San Juan, P. R.	Anes., Int. Med., Ob.Gyn., Ped., Rad., Surg.
Veterans Admin. Hospital	San Juan, P. R.	Surg.
Gorgas Hospital *	Ancon, C. Z.	Int. Med., Ob.Gyn., Ophth., Path., Rad., Surg.

* Indicates hospitals approved for training interns.

GRADUATE TRAINING PROGRAMS

Acceptable by the American Board of Psychiatry and Neurology

The Council on Medical Education and Hospitals has limited its approval of programs for graduate training to those offered in connection with general or special hospitals. The following information is published, however, at the request of the American Board of Psychiatry and Neurology to indicate the availability of a special type of training which is acceptable to the Board and carries full credit toward certification by that Board.

REQUIREMENTS FOR ACCEPTANCE

In order to facilitate the arrangements for training in child psychiatry (which constitutes a major aspect of modern psychiatry), the American Board of Psychiatry and Neurology will accept one year of training in psychiatric clinics for children which may or may not be a part of a hospital approved for residency training, provided such a clinic gives adequate supervision and instruction for full time training during the entire third year of the required three year formal training period. For the purpose of evaluating such clinics, the following conditions and criteria are deemed essential by the American Board of Psychiatry and Neurology:

1. That the clinic have a full time medical director, psychologist, and social worker qualified by training and experience in child psychiatry and allied fields to supervise the training of residents.

2. That the major portion of such training be devoted to therapy adequately supervised by this qualified staff.

3. That the service and teaching activities of the clinic be integrated with those of the community and its social agencies.

4. That clinic work be supplemented by seminars, case conferences, journal clubs or other opportunities for the discussion of the basic principles involved in outpatient work with children and parents, teacher, public health and welfare agency personnel.

5. That such a training clinic be well established in the community with a qualified staff that has operated together long enough as a team to insure stable and sound functioning.

6. That the senior members of the clinic team show evidence of previous experience in the teaching of psychiatry in general, child psychiatry in particular, and their allied fields.

These criteria set forth by the Board pertain more particularly to community sponsored clinics offering full time training in child psychiatry during the third year of formal residency training. If these clinics are affiliated with hospitals already maintaining approved programs, separate approval is not required unless warranted on the basis of their meeting all requirements for straight fellowship training in child psychiatry.

The following clinics are acceptable to the American Board of Psychiatry and Neurology as qualifying under these provisions.

Center	Director
Pasadena Child Guidance Clinic 40 E. Dayton Central Park Pasadena 2, Calif.	Dr. M. B. Durfee
Children's Psychiatric Division Langley Porter Clinic San Francisco	Dr. Stanislaus Szurek
Clifford W. Beers Guidance Clinic 432 Temple Street New Haven 11, Conn.	Dr. William B. Curtis
Institute for Juvenile Research 907 S. Wolcott Ave. Chicago	Dr. George L. Perkins, Acting Director
Louisville Mental Hygiene Clinic and Child Study School 610 S. Floyd Street Louisville, Ky.	Dr. Spafford Ackerly
The Guidance Center 1737 Prytania Street New Orleans	Dr. Jack E. Chappuis, Acting Director
The Psychiatric Clinic of the Mental Hygiene Society of Maryland Baltimore	Dr. H. Whitman Newell
Douglas A. Thom Clinic for Children, Inc. 315 Dartmouth Street Boston	Dr. Eveoleen N. Rexford
Judge Baker Guidance Center 38 Beacon Street Boston	Dr. George E. Gardner
Children's Center 244 Townsend Street Roxbury, Mass.	Dr. Marian Putnam and Mrs. Beata Rank, Co-directors
Worcester Child Guidance Clinic 2 State Street Worcester 5, Mass.	Dr. Joseph Weinreb
Amherst H. Wilder Clinic 279 Rice Street St. Paul	Dr. Hyman S. Lippman
Jewish Board of Guardians 228 East 19th Street New York 3	Dr. Joachim Flescher
Central Clinic Cincinnati General Hospital Cincinnati	Dr. Maurice Levine
Cleveland Guidance Center 2525 Euclid Avenue Cleveland	Dr. Claire M. Ness
Child Guidance Clinic 1711 Fitzwater Street Philadelphia 46	Dr. Frederick H. Allen
Pittsburgh Child Guidance Clinic 3004 Victoria Street Pittsburgh 13	Dr. Harry M. Little
Children's Service Center of Wyoming Valley 335 South Franklin Street Wilkes-Barre, Pa.	Dr. J. Franklin Robinson
The Children's Service Center of Charlottesville and Albemarle County, Inc. 116 14th Street, N.W. Charlottesville, Va.	Dr. Frank J. Curran

APPROVED EXAMINING BOARDS IN MEDICAL SPECIALTIES

ADVISORY BOARD FOR MEDICAL SPECIALTIES

B. R. Kirklin, Secretary-Treasurer
Rochester, Minn.

The Advisory Board for Medical Specialties was organized in 1933-1934 to coordinate graduate medical education and certification of medical specialists in the United States and Canada. A few specialty boards had been functioning actively and successfully for a number of years prior to the organization of the Advisory Board for Medical Specialties. Their purposes were, primarily, to establish minimum standards of graduate education and training requirements for physicians representing themselves to the public as being specialists, with certification by the boards of candidates after they had been able successfully to pass the boards' examinations. Secondarily, these boards hoped to improve the general standards of graduate medical education and facilities for special training.

It was soon recognized that some formal and official plan of organization must be established. It was clearly essential that an examining board must have the official sanction of the national societies in its given specialty as well as that of its section of the American Medical Association, but there was, at that time, nothing to prevent unofficial groups from organizing examining boards and using the title American board. In order to avoid duplication of effort as well as to coordinate the work of the several boards and other interested groups into a concise and homogeneous plan for betterment, it was deemed advisable to create an advisory board that should give consideration to those problems common to all and that should be representative of all organizations concerned.

The Advisory Board is composed of two representatives from each of the approved examining boards in the medical specialties and such other national organizations as are interested in the education, examination, and certification of medical specialists. These representatives are duly elected to this body.

The number of organizations comprising the Advisory Board for Medical Specialties remains the same; namely, 18 Specialty Boards and 4 other organizations interested in graduate medical education. The total voting membership is still 44. The organizations and their representatives are as follows:

Association of American Medical Colleges
L. R. Chandler — Stanley E. Dorst *

The American Hospital Association
Frank R. Bradley — Robin C. Buerki *

The Federation of State Medical Boards of the U. S. A.
Creighton Barker — Walter L. Bierring *

The National Board of Medical Examiners
J. Stewart Rodman — Robert W. Keeton *

The American Board of Ophthalmology
Derrick Vail — Edwin P. Dunphy *

The American Board of Otolaryngology
LeRoy A. Schall — Dean M. Lierle *

The American Board of Obstetrics and Gynecology
Herbert E. Schmitz — Robert L. Faulkner *

The American Board of Dermatology and Syphilology
Anthony C. Cipollaro — George M. Lewis *

The American Board of Pediatrics
Lee Forrest Hill — Henry G. Poncher *

The American Board of Psychiatry and Neurology
Francis J. Braceland — Roland P. Mackay

The American Board of Radiology *
Ira H. Lockwood — B. R. Kirklin *

The American Board of Orthopedic Surgery
Ralph K. Ghormley — Harold A. Sofield *

The American Board of Urology
Gilbert J. Thomas — Harry Culver *

The American Board of Internal Medicine
Walter L. Palmer — Henry M. Thomas Jr.*

The American Board of Pathology
Robert A. Moore — William B. Wartman *

The American Board of Surgery
Warren H. Cole — J. Stewart Rodman *

The American Board of Anesthesiology
R. J. Whitacre — Curtiss B. Hickcox *

The American Board of Plastic Surgery
Bradford Cannon — Louis T. Byars *

The American Board of Neurological Surgery
Francis Grant — William J. German *

The American Board of Physical Medicine and Rehabilitation
Walter J. Zeiter — Robert L. Bennett *

The American Board of Preventive Medicine
William P. Shepard — Ernest L. Stebbins *

The American Board of Proctology
Curtice Rosser — Louis A. Buie *

Officers and Committees—1952

L. R. Chandler, Association of American Medical Colleges, President
Robert A. Moore, American Board of Pathology, Vice President
B. R. Kirklin, American Board of Radiology, Secretary-Treasurer

Members of the Executive Committee
Term to expire in 1954: Walter L. Palmer, American Board of Internal Medicine
Robin C. Buerki, American Hospital Association, holds over as a member of the Executive Committee until 1953

Committee on Standards and Examinations
Robert L. Faulkner, American Board of Obstetrics and Gynecology, Chairman
Harold A. Sofield, American Board of Orthopedic Surgery
Derrick Vail, American Board of Ophthalmology

Committee on Audit and Finance
Roland P. Mackay, American Board of Psychiatry and Neurology, Chairman
Herbert E. Schmitz, American Board of Obstetrics and Gynecology

Special Committee to Revise the Constitution
Robert A. Moore, American Board of Pathology, Chairman
Warren H. Cole, American Board of Surgery
Francis J. Braceland, American Board of Psychiatry and Neurology

Representatives on Advisory Council on Medical Education
Warren H. Cole, American Board of Surgery
Ernest L. Stebbins, American Board of Preventive Medicine

* Corresponding member.

Nineteen boards in the specialties have been approved by the Council on Medical Education and Hospitals of the American Medical Association and the Advisory Board for Medical Specialties on the basis of minimal standards governing accreditation of specialty boards as formulated by the Council.

The primary purposes of the boards are (1) to conduct investigations and examinations to determine the competence of voluntary candidates for certificates issued by the respective boards, (2) to grant and issue certificates of qualification to candidates successful in demonstrating their proficiency, (3) to stimulate the development of adequate training facilities, (4) to aid in evaluating residencies and fellowships under consideration by the Council on Medical Education and Hospitals of the American Medical Association, and (5) to advise physicians desiring certification as to the course of study and training to be pursued.

The boards are in no sense educational institutions, and the certificate of a board is not to be considered a degree. It does not confer on any person legal qualifications, privileges, or a license to practice medicine or a specialty. The boards do not purport in any way to interfere with or limit the professional activities of any licensed physician, nor do they desire to interfere with any practitioners of medicine in any of their regular or legitimate duties.

Two boards certify candidates in subspecialties. The American Board of Internal Medicine certifies in allergy, cardiovascular disease, gastroenterology, and pulmonary diseases. The American Board of Pediatrics certifies in allergy. Certification in the primary field is a requirement for certification in the subspecialties. The Board of Thoracic Surgery, which is organized as an affiliate board of the American Board of Surgery, requires certification in surgery as a prerequisite to certification in thoracic surgery.

Certificates in special divisions of their specialty are conferred by five boards. The American Board of Obstetrics and Gynecology will issue certificates in obstetrics or gynecology only. The American Board of Otolaryngology grants a limited certificate in endoscopy. The American Board of Pathology issues certificates in pathologic anatomy, clinical pathology, a combination of these two fields, pathologic anatomy and clinical microbiology, clinical microbiology and clinical chemistry, and clinical bacteriology. The American Board of Psychiatry and Neurology issues separate certificates in psychiatry and in neurology, or a combined certificate for those qualified in both fields. This board also issues supplementary certificates in psychiatry and in neurology. The American Board of Radiology issues certificates in radiology, roentgenology, therapeutic radiology, diagnostic roentgenology, radiological physics, x-ray and radium physics, and medical nuclear physics.

Each of the boards has published a booklet containing a list of its officers and a brief statement of its organization, purposes, and the qualifications that determine eligibility for certification. The current data pertaining to each board and the names of its officers are reproduced in the following pages.

There is included in this section a specific statement from each of the boards regarding allowances of credit for service in the armed forces during the present emergency. A résumé of medical education and national defense was published in the Educational Number of THE JOURNAL.[1]

Table 1 contains a list of the approved specialty boards, the year of their activation, the number of certificates issued prior to July 1, 1951, and the number of candidates certified in the ensuing year ending June 30, 1952. Figures are also given in these two categories showing the numbers certified in the subspecialties and finally the available figures pertaining to special certification by the boards in obstetrics and gynecology, otolaryngology, pathology, psychiatry and neurology, and radiology.

On July 1, 1951, there were 44,346 physicians certified by the 19 boards. During the year July 1, 1951, to June 30, 1952, a total of 3,908 certificates were issued. Up to this latter date 48,254 physicians have been certified.

On July 1, 1951, a total of 1,192 certificates in subspecialties had been awarded. An additional 63 were awarded in the ensuing year, bringing the total number of certificates issued in the subspecialties to 1,255 on June 30, 1952. Prior to July 1, 1951, the five boards mentioned had issued 5,561 special certificates. During the year ending June 30, 1952, 784 special certificates were issued, bringing the total number awarded to that date to 6,345.

The number of specialists certified each year during the past 13 years by all boards and the cumulative totals are recorded in table 2. Up to June 30, 1952, a total of 48,254 certificates were issued. This does not represent the number of living specialists, but the total number of certificates issued.

The fifth edition of the "Directory of Medical Specialists," compiled by the Advisory Board for Medical Specialties, published in 1951 by the A. N. Marquis Company, Chicago, contains biographic information on the educational background of each living specialist, including those retired from practice, certified by an American board.

CREDIT FOR MILITARY SERVICE

At the suggestion of the Joint Committee on Medical Education in Time of National Emergency, the Advisory Board for Medical Specialties conducted a survey to determine the amount of credit for service in the armed forces during the present emergency that would be given toward specialty board certification. The inquiry addressed to the boards contained the following questions:

Will your specialty board give preference to those candidates wishing to be examined before going overseas or entering military service?

How much, if any, credit toward your training and/or experience requirements will your board allow candidates while in military service?

1. Medical Education in the United States and Canada, J. A. M. A. 150: 101 (Sept. 13) 1952.

TABLE 1.—*Approved Examining Boards in Medical Specialties*

Key No.	Name of Board	Year of Activation	Total Certificates Awarded to July 1, 1951	Total Certificates Awarded to June 30, 1952
1.	American Board of Pediatrics	1933	3,681	4,071
2.	American Board of Psychiatry and Neurology	1934	4,048	4,339
3.	American Board of Orthopedic Surgery	1934	1,784	2,013
4.	American Board of Dermatology and Syphilology	1932	1,361	1,451
5.	American Board of Radiology	1934	3,098	3,302
6.	American Board of Urology	1935	1,577	1,687
7.	American Board of Obstetrics and Gynecology	1930	3,384	3,624
8.	American Board of Internal Medicine	1936	6,991	7,325
9.	American Board of Pathology	1936	2,072	2,279
10.	American Board of Ophthalmology	1917	3,343	3,587
11.	American Board of Otolaryngology	1924	4,657	4,814
12.	American Board of Surgery	1937	4,925	5,571
13.	American Board of Anesthesiology	1937	763	902
14.	American Board of Plastic Surgery	1937	237	251
15.	American Board of Neurological Surgery	1940	370	431
16.	American Board of Physical Medicine and Rehabilitation	1947	158	183
17.	American Board of Preventive Medicine	1948	964	1,020
18.	American Board of Proctology	1949	83	121
19.	Board of Thoracic Surgery (An Affiliate of the American Board of Surgery)	1948	290 *	330 *
	Totals	....	41,346	48,254
Certification in Subspecialties				
	American Board of Internal Medicine			
	Allergy		133	135
	Cardiovascular Disease		468	497
	Gastroenterology		259	296
	Pulmonary Disease		303	213
	Totals		1,063	1,136
	American Board of Pediatrics			
	Allergy		48	48
	American Board of Surgery			
	Proctology		81 †	81 †
	Totals		1,192	1,265
Special Certification				
	American Board of Obstetrics and Gynecology			
	Obstetrics		...	3
	Gynecology		2	4
	American Board of Otolaryngology			
	Endoscopy		3	3
	American Board of Pathology			
	Pathologic Anatomy		236 ‡	304
	Clinical Pathology		132 ‡	170
	Pathologic Anatomy and Clinical Pathology		61 ‡	84
	Pathologic Anatomy and Clinical Microbiology		1 ‡	1
	Clinical Microbiology and Clinical Chemistry		1 ‡	3
	Clinical Bacteriology		2 ‡	2
	Neuropathology		...	3
	Totals		423	627
	American Board of Psychiatry and Neurology			
	Psychiatry		2,862	3,120
	Neurology		268	282
	Psychiatry and Neurology		918	937
	Totals		4,048	4,339
	American Board of Radiology			
	Radiology		835 §	1,084
	Roentgenology		138 §	157
	Diagnostic Roentgenology		90 §	104
	Therapeutic Radiology		18 §	23
	Radium Therapy		1	1
	Totals		1,085	1,369
	Totals		5,561	6,345

* Included in totals for American Board of Surgery.
† Independent board established in 1949.
‡ Certificates issued since July 1, 1949.
§ Certificates issued since July 1, 1948.

In reply to the first question all boards answered in the affirmative. The specialty boards have not lowered their requirements because of the military emergency, but all boards have indicated they will grant some credit for military service. The specialty boards have indicated such allowances as follows:

Anesthesiology.—Credit for training will be given when it is in a formal approved program. Other cases will be decided on an individual basis by the board.

Dermatology and Syphilology.—Full-time dermatologic military service may be credited in part, at the discretion of the board, toward the required three years of training, provided a significant portion of formal training had been completed before entering military service. At least one year of the required three years of training must be in an approved training program. Dermatologic work not credited as training may satisfy part or all of the required two years' additional experience, the amount of credit depending on the circumstances.

TABLE 2.—*Annual Specialty Board Certification, 1940-1952*

Year (Ended March)	Number of Boards in Existence	Number Certified	Cumulated Totals
1940	14	.....	15,853
1941	15	2,085	17,938
1942	15	1,756	19,694
1943	15	2,172	21,866
1944	15	1,578	23,444
1945	15	1,308	24,752
1946	15	1,320	26,072
1947	15	2,424	28,496
1948	16	3,002	31,498
1949 (June 30)	19*	4,479	35,977
1950 (June 30)	19	3,827	39,804
1951 (June 30)	19	4,552	44,346
1952 (June 30)	19	3,908	48,254

* One board, the American Board of Proctology, did not certify any candidates during this period.

Internal Medicine.—One year of residency training credit or one year in the satisfaction of requirements of practice, "regardless of assignment." Additional credit on the merits of each individual case.

Neurological Surgery.—Credit will be allowed toward training requirement if candidate is assigned to neurologic surgery in a military hospital; also, credit will be allowed for practice requirement if assigned to neurologic surgery.

Obstetrics and Gynecology.—Credit will be given for time spent in an obstetric-gynecological service in an Army or a Navy hospital under supervision on the same basis as a preceptorship, if these departments are supervised by diplomates of the board or recognized obstetricians-gynecologists. Full residency credit may be obtained if such hospital is approved for residency training. The board will review and give consideration to each individual case. Special request must be made for such credits.

Ophthalmology.—No stated credit. Each case is decided according to the time the candidate has spent assigned to a military hospital in ophthalmology and on other factors.

Orthopedic Surgery.—Up to one year of residency credit is given. Each case is determined on its own merits.

Otolaryngology.—Credit is given but each case is determined on its own merits.

Pathology.—Allows liberal credit toward training when assigned to department of pathology but candidates must first have had a minimum of one year residency in an approved civilian department of pathology.

Pediatrics.—One year of credit, regardless of assignment, towards two year practice requirement.

Physical Medicine and Rehabilitation.—Maximum of one year credit in related field; full credit if in the specialty.

Plastic Surgery.—Credit given on individual basis, considered on candidate's merits.

Preventive Medicine.—Full credit if service is in the specialty. A maximum of six months' credit for general military duties.

Proctology.—One year in fulfillment of either general surgical or proctologic requirements.

Psychiatry and Neurology.—Credit will be granted for military duty in the present emergency under certain conditions. This policy relates to active military medical duty since July 1, 1950. One year of training credit will be granted for one year spent in full time psychiatric and/or neurological duties. Additional training credit will be granted for that amount of time spent in approved training programs. Experience credit will be granted for any remaining time spent in full time psychiatric and/or neurological assignments. Double credit will not be granted for any single period of time.

Radiology.—One year if assignment is in radiology.

Surgery.—Credit for military service is evaluated on an individual basis.

Thoracic Surgery.—Special consideration will be given individuals who have had special training in thoracic surgery during their period of military service. Since this board operates as an affiliate of the American Board of Surgery, credit will have already been granted them by the latter board. Examinations will be made available at regular intervals to members of the armed forces who are out of the country.

Urology.—No credit for training but credit for one year of practice requirement if training was complete when entering service.

Medical Officer's Professional Training Record.—The Surgeons General of the armed services have distributed a booklet prepared with the assistance of the Council and the Advisory Board for Medical Specialties which is designed to help prospective candidates for certification to maintain an accurate account of work done in the military service. This record will constitute part of the credentials to be submitted to the board on application for certification. The booklet has been printed by the Office of the Secretary of Defense and is distributed by the offices of the Surgeons General to the personnel of their departments. It is highly important that prospective applicants obtain a copy of the "Medical Officer's Professional Training Record" and that they submit their credentials for evaluation by the respective specialty board.

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CERTIFICATION

1. *Method of Making Application.*—Application for certification may be made after a physician has completed one year of approved training. Application must be made to the secretary on a form prescribed by the board, procured only on written request of the applicant, and must be filed at least six months prior to the date of examination.

The secretary cannot make any eligibility rulings. These are made only by the entire board on recommendation of the appropriate committees after reviewing the candidate's formal application.

2. *Requirements.*

A. Each applicant before he shall become eligible for certification in anesthesiology, must:

1. Have graduated from a medical school recognized by the Council on Medical Education and Hospitals of the American Medical Association (graduates of foreign medical schools not recognized by this council will only be eligible to take the board examinations after they successfully pass or are eligible to take the examination given by the National Board of Medical Examiners), and have completed an internship of not less than one year in a hospital approved by the same Council, or its equivalent.

2. Establish in a manner satisfactory to the board that:

(*a*) He is a physician duly licensed by law to practice medicine.

(*b*) He is of high ethical and professional standing.

(*c*) He has received adequate special training in anesthesiology.

3. Submit proof to the board that he has limited his practice to anesthesiology as a specialty for five calendar years of which at least two have been in formal clinical training approved by the board, and that he intends to continue to limit his practice to anesthesiology.

4. Be a member in good standing in the American Medical Association, the state and local county medical society or comparable national medical society approved by this board. He must be a member in good standing of the American Society of Anesthesiologists, Inc.

5. Prove to the satisfaction of the board by such written, survey, oral and practical examinations as the board may prescribe that he is qualified to practice anesthesiology.

6. Personally prepare such case history abstracts of personally conducted procedures pertaining to anesthesiology as the board may specify.

B. Each applicant shall be classified for the purpose of examination and shall be examined in such a manner and under such rules as the board may prescribe.

3. *Conduct of Examinations.*

A. Written Examination: Eligible applicants may take this examination on completion of two years of clinical training approved by the board. Written examinations are held annually in approximately twelve locations throughout the United States on the third Friday in July. Written examinations are of the multiple choice type covering the following subjects: anatomy, chemistry and physics, pharmacology, pathology and physiology. A passing grade, as determined by the board, is required.

B. Survey Examination: Started in 1949 this examination is conducted by one or more diplomates of the board who visit the applicant in his own locality to observe him in the practice of anesthesiology. The examiner may interview other individuals in the community to determine whether the candidate is of high ethical and professional standing. This examination is conducted on completion of four years limited to anesthesiology (including two years of approved clinical training).

C. Oral Examination: On completion of a favorable survey examination and five years limitation of practice to anesthesiology an applicant is eligible to appear for oral examination. However, at least six months must elapse between the written and oral examination. Examinations are conducted semi-annually, in April and October. Examiners consist of directors of the board plus diplomates who assist as associate examiners. Oral examinations cover all phases of anesthesiology as do the written examinations; emphasis, however, is placed on clinical application.

D. Practical Examination: At the discretion of the board practical demonstrations may be required of the management of the candidate's clinical practice in his local surroundings. This may include inspection of clinical records, reports of departmental activities, library facilities, available apparatus and demonstrations of application of anesthetic agents, methods and all technics included in anesthesiology. The candidate will also be appraised as to whether he is of high ethical and moral standing in his community.

Applicants are entitled to three consecutive opportunities at yearly intervals to satisfactorily complete the written examination. This three year period begins on the date an applicant is first declared eligible for the written examination.

Applicants are entitled to no more than two survey examinations. Should the first survey report be declared unfavorable a candidate will not be permitted to appear for the oral examination until a favorable report is received. At least one year must elapse before a resurvey examination is given.

Oral examinations are given at six month intervals. An applicant is entitled to one oral examination each year for a three year period. In the event that a candidate fails an oral examination, at least 12 months must elapse before he may reappear for the oral examination. The three year period begins on the date an applicant is first declared eligible for the oral examination.

Applicants who fail to exercise the privilege of written or oral examination and/or who fail to pass any part of the written or oral examination within the three year periods will be required to file a new application, pay a new application fee, and submit to both written and oral examination.

A fee of $15.00 will be charged for each reexamination for candidates who file application January 1, 1950 or later. The board may, however, at its discretion deny a candidate the privilege of reexamination.

The board reserves the right to limit the number of candidates to be admitted to any examination.

FEE

The fee shall be $125. At least $50 shall be paid on filing the application, of which sum $35 shall be returned if the candidate is not accepted for examination. The remainder ($75) shall be paid before taking the examination.

The board is a nonprofit organization. The fees for examination and certification have been computed on a basis of cost of maintaining an administrative office and conducting examinations. The board reserves the right to increase the fee when necessary.

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PURPOSES

The board was established primarily to determine the competence of physicians who specialize in dermatology and syphilology. It has therefore established minimum standards of education and training, examines applicants and certifies properly qualified specialists in this field, prepares lists of those qualified and arranges for the publication of such lists. Because of its interest also in the fulfillment of these standards, the board has a keen interest in the development of adequate training facilities, investigates institutions and individuals planning to train specialists, and lends its aid to the approval of those institutions and individuals offering adequate training in the specialty. The board, in addition, will always be glad to advise physicians desiring to enter this special field of medicine.

The board assumes the responsibility of determining the standards of knowledge to be acquired, but upon the candidate rests the responsibility of acquiring the knowledge to fulfill these standards.

REQUIREMENTS FOR ELIGIBILITY FOR EXAMINATION

I. GENERAL REQUIREMENTS

1. High ethical and professional standing.

2. Graduation from a medical school recognized by the Council on Medical Education and Hospitals of the American Medical Association. The credentials of graduates of foreign schools must be approved by the National Board of Medical Examiners. Each case will be decided on its own merits.

3. Satisfactory completion of an internship of not less than one year in a hospital approved by the same Council. During three years of the second World War, internships of nine months only were the rule. These were voted to fulfil the internship requirement. However, all internships completed on July 1, 1947 or thereafter must be of twelve months duration or longer.

4. A state license to practice medicine issued by endorsement of the certificate of the National Board of Medical Examiners or following examination.

5. Membership in the American Medical Association or membership in a similar society recognized as having the same purpose as the American Medical Association.

6. Citizenship in the United States or citizenship—meaning native citizens—in Canada or Cuba.

II. SPECIAL REQUIREMENTS

A period of study, after the internship, of not less than three years. Up to one month in each of the three years may be spent as a vacation but the exact time is a matter for the chief of service to decide. Vacations may not be postponed from one year to another, i. e., they are not cumulative. Candidates will not be eligible for examination until three full years have elapsed since the beginning of training. This training may be obtained

as resident, fellow or graduate student in clinics, dispensaries, hospitals or laboratories recognized by the Council on Medical Education and Hospitals of the American Medical Association and approved by the American Board of Dermatology and Syphilology as competent to provide a satisfactory training in dermatology and syphilology. This period of specialized training shall include:

(*a*) At least one calendar year in an institution approved for three year training (less one month for vacation).

(*b*) Graduate training in the basic medical sciences which are necessary for the proper understanding and treatment of the diseases involved in this specialty.

Instruction in the following fundamental subjects as related to the skin is deemed advisable by the board: embryology, histology, chemistry, physiology, bacteriology, mycology, parasitology, pathology, immunology, serology, pharmacology and materia medica, and physics of physical therapy.

(*c*) Carefully supervised clinical and laboratory experience in the specialty.

(*d*) Annual examinations or other appraisal by the chief of service in the clinical, laboratory and public health aspects of dermatology and syphilology.

PRECEPTORSHIP TRAINING

Candidates may spend up to two years of their training under the direction of a diplomate of the board, who has also been approved as a preceptor by the board. Not more than one half of each training day may be spent in the office of the preceptor while during the other half day, supervised work must be performed in an approved institution. The program which the student follows must conform to a schedule which an approved preceptor files with the board. The preceptor and the chief of service of the institution which the candidate attends are jointly responsible for the training received by the student. Preceptorship training may be taken during any two of the years of training. Time spent with an instructor who has not been approved by the board may count only as experience and not as training. A list of approved preceptors is available in the office of the secretary.

To qualify as an approved preceptor, a dermatologist must be a diplomate for at least five years, be a recognized teacher, be an active member or professor emeritus of the dermatologic staff of an approved institution and be recommended as suitable by the chief of staff of the institution. He must further submit an adequate program of instruction with provision for supervision of both office and hospital work.

PRELIMINARY REGISTRATION

All students beginning graduate training should write for the booklet of information, and for the preliminary registration form which must be filled out in detail and filed with the board at that time. This will enable the board to detect any deficiencies in basic qualifications or in the contemplated plan of training. No fee is involved.

ESTIMATES OF STATUS

Many candidates write the secretary outlining their training and asking for an estimate of their status and the further training required. The board's requirements are published to provide this information, and any candidate should be able to estimate his eligibility after studying these requirements.

Individual officers or members of the board cannot and will not make such estimates. They will be made only by the Committee on Requirements, upon submission of the application for examination and the payment of the $25 registration fee which must accompany it.

Personal interviews with offices of the board should not be requested at any time.

REGISTRATION FOR EXAMINATION

In order that the Committee on Requirements may appraise carefully the qualifications of candidates, application must be made on a special blank, which may be obtained from the secretary. Applications should be filed early in order to obtain full advantage of the loan sets of histopathologic slides available from the Armed Forces Institute of Pathology in Washington.

Applications *must be filed before the closing date* regularly published in the Examinations and Licensure section of THE JOURNAL. Dates of examinations are also published here. The completed application should be sent to the secretary of the board, together with the required photographs and a *registration* fee of $25, which will not be refunded under any circumstances. No application will be considered until this fee is received. An *examination* fee of $75 is payable when the candidate is notified that his application is acceptable to the board. The fee of $100 has been carefully computed and is used entirely for administrative purposes. Examiners for the board do not receive any compensation except for actual expenses connected with holding the examinations.

Make checks payable to American Board of Dermatology and Syphilology, Inc.

EXAMINATIONS

All applicants are now required to take and pass a written examination before they are eligible for the oral test. The written examination on clinical, basic science and laboratory subjects will be held simultaneously at stated intervals in different parts of the country, approximately two months before the oral examination.

The present policy of the board is to test the knowledge of a candidate by means of the so-called multiple choice written examination in place of the essay type examination which was formerly in vogue.

All applicants are also required to pass an oral, clinical and laboratory examination. This examination will be conducted in a clinic, hospital ward or other suitable location where clinical dermatology will be discussed with each candidate, as well as various subjects related to the skin such as histopathology, mycology, allergy and physics of physical therapy. The board reserves the right to add to this list other subjects within the field of dermatology and syphilology.

A candidate for a certificate may take his examination the next time it is given after he has completed three full years of training in the specialty, provided he makes application before the quota for that session is filled; this provision does not affect the regulations about the issuance of the certificate. (See Certificates.)

Examinations are designed to test the candidate's fitness to practice dermatology and syphilology as a specialty. The board will try especially to ascertain the breadth of his knowledge in the basic, as well as the clinical aspects of cutaneous medicine, to test his familiarity with the recent literature of dermatology and syphilology and to ascertain his general qualifications as a specialist in this branch of medicine.

Candidates who have signified their intention of taking the examination and who fail to appear at the scheduled time or who attempt to cancel their appointment after the sending of the final notice, shall forfeit the fee for the examination.

Except in special circumstances, applicants shall take the examination within the year following the filing of application and the deposit of the fee.

The board's records are confidential throughout. Examination marks will not be divulged to the applicant or to anyone else. The findings of the board are subject to its discretion and are final. Examination will be given only on this understanding.

REEXAMINATIONS

If the candidate fails or is conditioned in an examination he will be admitted to a second examination without further formal application, but must give at least 60 days' notice of his wish to do so. His acceptance for a particular examination will be dependent on the number of candidates already on the roster. As the cost of examining a candidate is approximately the same each time, whether the whole or only a part of the examination is taken, a reexamination fee of $50 will be charged. After a second failure to complete the examination successfully, the candidate must file a new application and pay the initial examination fee of $75.

If a candidate who has failed or been conditioned does not appear for reexamination before the expiration of three years, he will be required to make a new application and pay an additional fee of $75 before he can be reexamined.

After Dec. 31, 1953, if a candidate fails to complete successfully all or part of the examination on two successive tests, he will be required to submit proof of at least six months' additional training before being eligible for further examination.

CERTIFICATES

A certificate will not be issued until the successful candidate has completed at least five years of dermatologic training and experience. The granting of this certificate by the board indicates that the holder of the certificate has had adequate training in dermatology and syphilology and has successfully fulfilled the requirements of the board.

A certificate granted by this board does not of itself confer or purport to confer any degree or legal qualifications, privileges or license to practice dermatology or syphilology. The board does not intend to limit or interfere with the professional activity of any duly licensed physician. Its aim is to improve the standards of practice of dermatology and syphilology by encouraging improvement in the opportunities for and quality of training for specialists in this field of medicine, and to certify as specialists those who voluntarily comply with the requirements of the board.

Certificates will be issued only to physicians in the United States and its possessions, in Canada and in Cuba.

ADVERTISING •

It is not considered good form for a diplomate to advertise to the lay public the board's recognition of his training and ability. He should not use commercial methods and avenues. It is proper to include a statement or phrase such as "Diplomate of the American Board of Dermatology and Syphilology" in sending out announcement cards when opening an office or in inserts after the author's name in a medical publication when the association with a hospital, medical school, or medical society is also mentioned. If the diplomate is in doubt, it would be well to consult the board before placing his good name in jeopardy.

CREDIT FOR MILITARY SERVICE

1. All students in training who have served as physicians in the Army, Navy, or U. S. Public Health Service may submit a supplementary application, obtainable from the executive secretary, for evaluation of possible credit towards experience. Since the amount of credit must be agreed upon by members of a committee living in different often widely separated cities, several months are usually required before a decision can be rendered. The student is then sent a written report.

2. Full-time dermatologic military service may be credited in part, at the discretion of the board, toward the required three years of training, provided a significant portion of formal training had been completed before induction. But at least one year of the required three years' training, including instruction in the fundamental subjects deemed essential for an adequate dermatologic education, must be spent in an institution approved for a three-year training program by the board and by the Council on Medical Education and Hospitals of the American Medical Association.

The board strongly urges that the candidate supplement his military experiences by a further period of systematic and supervised dermatologic training before the examination.

3. Dermatologic work in the armed forces not credited as training may satisfy part or all of the required two years' additional dermatologic experience, the amount of credit depending on the circumstances.

PUBLICATIONS OF THE BOARD

1. Booklet of Information. All candidates should request a copy and be familiar with its contents.

2. Booklet of Opportunities for Prospective Graduate Students. This contains a list of loci where instruction may be obtained, with details of their programs. (Latest edition—1948.) A check or money order for $1.00 should accompany request for a copy. Please do not send stamps.

3. Syllabus of Graduate Training (presently out of print).

Further information may be obtained from the secretary.

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JULIUS L. WILSON

RESPONSIBILITIES

The major object of the board is to pass judgment on the competence of internists who desire certification not to determine who shall or shall not practice internal medicine as a specialty.

The American Board of Internal Medicine is not concerned with any mechanism which gains special privileges or specific recognition for those physicians who have been certified in internal medicine. It has never been the intent of the board to define requirements for membership on the staffs of hospitals.

The board endorses completely the stand of the American Board of Surgery which "specifically disclaims interest in or recognition of differential emoluments that may be based on certification."

REQUIREMENTS FOR ADMISSION TO EXAMINATION AND CERTIFICATION

Each applicant for certification by this board must satisfy the qualifications listed below: (I) General Qualifications A, B, C, D, (II) Professional Qualifications A, B, C, D. For exceptions to the requirements C and D under Professional Qualification see paragraph G.

I. GENERAL QUALIFICATIONS

A. All candidates must be citizens of the United States or Canada.

B. All candidates must present evidence of satisfactory moral and ethical standing in the medical profession.

C. All candidates must be active members in good standing in their county and state medical societies in their state of legal residence. Under unusual and exceptional circumstances the board reserves the privilege of modifying this requirement. (This ruling shall not apply to commissioned officers of the United

States regular Army or Navy or United States Public Health Service or to full-time staff members [physicians] of the Veterans Administration who are otherwise Service Fellows of the American Medical Association.)

D. Canadian citizens must be active members of the Canadian Medical Association before admission to examination.

II. PROFESSIONAL QUALIFICATIONS

A. Graduation from a medical school approved by the Council on Medical Education and Hospitals of the American Medical Association at the date of graduation.

B. Satisfactory completion of an approved internship of not less than twelve months.[1]

C. Residency or fellowship approved by the Council on Medical Education and Hospitals of the American Medical Association in internal medicine according to the following plan (Plan A) or one of the alternate plans described under paragraph D.

Plan A: A residency or fellowship in internal medicine for a period of not less than three years in a hospital or other institution approved by the Council on Medical Education and Hospitals of the American Medical Association for residency or fellowship in internal medicine. In such instances in which a resident's nominal status differs from that of the other hospital residents, he must furnish the board with certification by the chief of the medical service and the medical director of the hospital that he actually performed the full duties of a resident as a bona fide member of the residency program. In addition, two years of practice of clinical internal medicine will be required. The board will accept the following equivalents as satisfying one year only of the three years of residency or fellowship to which this paragraph refers. (Two years must be in the field of general internal medicine.)

1. If twelve months of a two year approved internship in a hospital approved for residency training in internal medicine is limited to the medical service and medical specialties, credit will be granted for a first year of assistant residency. The remaining two years of residency training must be in the general field of internal medicine. Certification by the chief of the medical service as to compliance with this requirement must accompany application.

2. One year of approved residency in one of the medical specialties: allergy, cardiovascular disease, gastroenterology, hematology, pulmonary diseases, neurology, pediatrics, psychiatry, dermatology and syphilology.

3. One year of approved residency in pathology.

4. One year as a graduate student or as an instructor in an approved medical school on a full time basis in bacteriology, biochemistry, pathology, pharmacology, physiology or internal medicine.

5. An advanced degree in the medical sciences, provided the work has been done and degree obtained after graduation from medical school.

NOTE.—Graduate training credit for the time involved will be allowed candidates who take and satisfactorily complete postgraduate courses in internal medicine or the basic medical sciences provided by accredited medical schools on a full time basis. This ruling shall not apply to courses of less than three months' or more than twelve months' duration. A certificate of creditable performance, based in part, at least, on a formal examination on completion of the course, will be required.

NOTE.—Fellowship or research assignments not approved by the Council on Medical Education and Hospitals will require certification by the chief of service that such assignment was equivalent in graduate training opportunities and patient responsibilities to that of an approved residency in internal medicine or the subspecialties recognized by the board. This certification must be presented before application is filed.

D. Alternate Training Plans: The board firmly believes that the plan of intensive training prescribed above offers the best opportunity for a young physician to prepare himself to meet his responsibilities as a specialist in internal medicine. It is recognized, however, that capable individuals may accomplish the same result in a longer period of time during which the training is less intensive. The board realizes that a number of medical graduates cannot follow the shorter and more desirable plan either because suitable residencies are not available or, in some instances, because of personal and economic reasons. Accordingly, the board has modified its previous regulations governing eligibility for admission to examination. In doing so the board has not modified its standards of examination. It has liberalized its eligibility requirements for admission to examination by accepting half time formal training and the practice of internal medicine under favorable circumstances as to professional and hospital contacts, in lieu of part of the full time requirements. It is hoped that by this means exceptional individuals may acquire a knowledge of medicine and experience in its application sufficient to qualify for examination.

The program previously described (Plan A), which consists of three years of formal training in an approved residency or its equivalent, following internship, and two additional years in the practice of internal medicine, is recommended by the board. Variations in this program are now subject to the following regulations.

1. In all instances, one year of approved internship and one year of approved residency will be required, except as indicated under Plan G. The graduate training credit of one year heretofore granted as a result of active duty as a commissioned officer in the armed forces during the period beginning Dec. 7, 1941 and ending Jan. 1, 1947 and during the Korean emergency with effective date June 1, 1950, may not be applied in satisfaction of the one year of approved residency referred to in Plan D, E, or F unless the candidate's assignment is considered by the board to have been equivalent to an approved residency.

2. Following one year of internship and two years of approved residency,[2] the remaining requirements may be satisfied by:

Plan B; that is, by two years of half time formal training followed by two years of practice limited to internal medicine, or by

Plan C; that is, by five years of practice limited to internal medicine.

3. Following one year internship and one year of approved residency, the remaining requirements may be satisfied by:

Plan D[3]; that is, by four years of half time formal training followed by two years of practice limited to internal medicine; or by:

Plan E[3]; that is, by two years of half time formal training followed by five years of practice limited to internal medicine, or by:

Plan F; that is, by eight years of practice limited to internal medicine.

4. In every instance at least two years of practice in internal medicine must be included, but in instances in which four years of practice are substituted for one year of residency, only one additional year of practice will be required; when more than eight years of practice are substituted for two years of residency an additional year of practice will not be required.

5. Physicians who have practiced internal medicine for twelve years following an approved internship may qualify for the examinations without further training (Plan G).

Half time formal training under expanded plans B, D and E is defined as follows:

1. Half-time [3] as an instructor in clinical medicine in a recognized medical school in the United States or Canada.
2. Half-time [3] in a research fellowship sponsored by a recognized medical school in the United States or Canada.
3. Half-time [3] as a graduate student in an approved graduate medical school in the United States or Canada.

1. During the period in which the 9-9-9 program was in effect an approved internship of nine months will satisfy the requirement of twelve months. A residency of nine months is considered as nine months only.

2. For the second year of approved residency one of the equivalents described under C-Professional Qualifications may be substituted.

3. Half time formal training is regarded as four hours per day for six days per week. It is required that half time formal training be verified by the head of the department. Verification must accompany application.

E. Practice Requirements: A period of not less than two years of practice in the general field of clinical internal medicine or in the more specialized branches of medicine. (See exceptions, Section D, paragraph 4.) This requirement may be satisfied by independent practice or in association with a recognized internist.

NOTE.—Although in general the board believes it desirable to complete the three years of formal training before satisfying the requirements of practice, a reversal of this order is acceptable.

F. Candidates from Foreign Schools: Candidates who are not graduates of a medical school in the United States or Canada which has been approved by the Council on Medical Education and Hospitals of the American Medical Association but who have graduated from a medical school of a foreign country other than Canada, may present their fundamental educational credentials and other qualifications to the board for examination. The board may at its option deny all or any of such applications without further consideration, or may give to such applications such consideration as the board in its discretion deems adequate. All candidates who are not graduates of foreign medical schools which have been "recognized" by the Council on Medical Education and Hospitals of the American Medical Association must meet the following requirements as a minimum:

1. The physician must be a citizen of the United States.
2. The physician must furnish proof in the form, and to the extent, deemed adequate by the board that he (or she) has graduated from a medical school after completing a four year full-time course in medicine.
3. The physician must have a license to practice in one or more states of the United States, and have been in active practice confined to internal medicine within the state of legal residence for at least two years.
4. The physician must be an active member of the county and state medical societies in which he (or she) has established legal residence.
5. Graduates of foreign schools in 1930 and thereafter must, in addition to all other requirements, satisfy the requirements of one year of approved internship, and three years of approved residency or fellowship in the United States, and at least two years of practice limited to the field of internal medicine in the United States. If their school of graduation is not "recognized" by the Council on Medical Education and Hospitals of the American Medical Association graduates of foreign schools prior to 1930 may qualify under the various plans of the board.

G. Candidates Graduating Prior to 1937: The requirement of three years of graduate training will not apply to candidates graduating from approved medical schools in the United States and Canada in 1936 or previous thereto, provided such candidates have limited their work to the field of internal medicine for at least two years, and provided each candidate is recognized as an internist by his colleagues in his community.

H. "Preceptor Training": Preceptor type training is not recognized in satisfaction of any part of the three year requirement of formal graduate training.

I. The board will grant one year of graduate training credit, or one year in satisfaction of the requirements of practice, regardless of assignment, for active duty as a commissioned officer in the United States Army, Navy or United States Public Health Service for one year or more, beginning on or subsequent to Dec. 7, 1941 and terminating on or before Jan. 1, 1947. Commissioned officers serving less than one year prior to Jan. 1, 1947 may apply that interval as graduate training, or in partial satisfaction of the requirements of practice.

If a candidate believes that his service after Jan. 1, 1947, merits more than one year of credit for practice, certification by the chief of service for the period claimed for credit, stating that the assignment was in the field of internal medicine with full responsibility for patients, must accompany application.

During the present emergency, the board will grant one year of residency training credit or one year in the satisfaction of the requirements of practice "regardless of assignment" effective June 1, 1950, for service in the armed forces.

J. Graduates of the Chicago Medical School, prior to approval by the Council on Medical Education and Hospitals of the American Medical Association, and graduates of the Middlesex School of Medicine, who received their degree in medicine prior to Jan. 1, 1951, and who have fulfilled all of the requirements set forth in *Section 2*, (Requirements for Admission to Examination and Certification), and an approved residency or fellowship of three years' duration (Plan A) and two years of practice in internal medicine may apply, and at the discretion of the Executive Committee or of the board be admitted to examination.

PRINCIPLES OF TRAINING

The American Board of Internal Medicine is interested in the fact that the candidate has embarked on a career of study voluntarily and has thereby expressed the desire to excel and to participate personally in the world's progress in medicine.

Preparation must be based on years of continuous thoughtful study. Therefore, in suggesting a program for those who wish advice, the board hopes to assist the candidates to avoid inferior and superficial programs which may lead to failure and disappointment in later years.

The board believes that all internists should have a sound fundamental knowledge of anatomy, bacteriology, biochemistry, pathology, pharmacology and physiology. Such knowledge is essential to the continued progress of any internist. The board anticipates that adequate training will be obtained in the basic sciences as applied to internal medicine during a formal three year residency program.

The board wishes to emphasize that time and training are but a means to the end of acquiring a broad knowledge of internal medicine which the candidate must demonstrate to the board in order to justify it in certifying that he is competent to practice internal medicine as a specialty. The responsibility of acquiring the knowledge rests with the candidate. The responsibility of maintaining the standards of knowledge required for certification rests with the board.

APPLICATION

Candidates for examination must make their application on a prescribed form, which may be obtained from the office of the Executive Secretary-Treasurer.

The application must contain a record of the candidate's premedical and medical training as well as of internships, residencies, graduate study, hospital or dispensary staff appointments, teaching positions, service in the armed forces, membership in medical societies, medical papers published and the names of four well known internists to whom the board may write for professional and character reference.

The application must be accompanied by one recent, signed photograph of the candidate mounted on the application, and the registration and examination fee of $40.00 to cover the written examination, of which $25.00 will be refunded if the application is disapproved. Upon application for admission to the oral examination, an additional fee of $50.00 will be required. Upon notification of certification by the board, a further fee of $10.00 to cover cost of certification, will be required.

The requirements of graduate training and two years of practice in the field of internal medicine must be satisfied before a candidate is eligible to apply for admission.

METHOD OF EXAMINATION—WRITTEN AND ORAL

The examinations for certification by the board comprise two parts: Part I is written; Part II is clinical and is an oral examination. The written examination is held simultaneously in different sections of the United States and Canada. Effective Jan. 1, 1949, one written examination will be given each year. This examination will be held on the third Monday in October. This examination is divided into a morning and afternoon period for each of which three hours are allowed. The questions are of the multiple choice type, framed in such a manner as the board elects and designed to test the applicant's knowledge of applied physiology, anatomy, physiological chemistry, pathology, bacteriology and pharmacology as related to internal medicine, and his basic clinical acumen.

Candidates must pass the written examination before admission to the oral examination will be authorized. The oral

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examination is conducted under the direct supervision of the board. It is held near the time and place of the annual meetings of the American Medical Association and the American College of Physicians. The examination is conducted at the bedside of the patient. Each candidate is assigned two or more patients and is expected to be sufficiently familiar with whatever problems present themselves to satisfy the board of his clinical expertness.

Normally only two oral examinations are given each year. The board may, however, schedule special oral examinations if necessary. Announcement of all examinations will appear in the *Annals of Internal Medicine* and THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION. Applications cannot be accepted until the schedule is announced in the publication referred to, and cannot be accepted after the closing date as announced.

REEXAMINATION—WRITTEN AND ORAL

1. Effective July 1, 1949, the board will waive restrictions on the number of written examinations authorized, provided the candidate has satisfied the requirements hereinafter set forth in subsection 4 under reexamination. The board may, at its discretion, deny reexamination in individual cases. The interval between all written examinations will be one year. A fee of $15.00 is required for each additional written examination.

2. Effective July 1, 1949, the board will waive restrictions on the number of oral examinations authorized, provided the candidate has satisfied the requirements hereinafter set forth in subsection 4 under reexamination. The board may at its discretion, deny reexamination in individual cases. The interval between the first and the second oral examination will be one year. The interval between the second and the third oral examinations will be not less than two years. The interval between all subsequent oral examinations will not be less than three years. A longer period may be required by the board. A fee of $40.00 is required for each additional oral examination.

3. This ruling does not make it mandatory for a candidate to repeat the examination within the specified time limit. Candidates may elect a longer interval in the case of both the written and oral examinations.

4. When applying for reexamination, a candidate who has been unsuccessful in three written or three oral examinations, will be required to present evidence that he has completed additional graduate training of at least three months in internal medicine in an approved medical school, on a full time basis, or its equivalent in approved resident or fellowship training since the last examination. In individual cases the board may require a longer course. Short courses of less than three months may not be applied in satisfaction of this requirement. A new application for admission is required.

The provisions of this section shall be effective retroactively. Any candidate previously disqualified from further examination on the basis of having been unsuccessful in three examinations, either written or oral, may now apply for reexamination subject to the provisions of paragraphs 1 through 4 of this section.

CANCELLATIONS

Effective July 1, 1949, any candidate who cancels his assignment for a written or an oral examination after Sept. 1 will be required to pay a special fee in the amount of $10.00 before a subsequent examination, unless his cancellation was due to a cause deemed adequate by the board to exempt him from such special fee. This provision becomes necessary because of the large number of cancellations after complete arrangements have been made, and the expense incident thereto.

CERTIFICATES

The certificate issued by the American Board of Internal Medicine shall be in such form as to comply with the articles of incorporation and the by-laws and shall be signed by the officers and members of the board and shall bear the official seal of the board.

Certificates of the board will be issued to candidates who have satisfactorily completed the written and oral examinations and have been found qualified by the board to practice the specialty of internal medicine. Specialty certification will be designated on the certificate, for those so certified.

SUBSPECIALTY BOARDS

Allergy, cardiovascular disease, gastroenterology and pulmonary diseases are recognized specialties.

Each subspecialty application is individually considered and acted on by the subspecialty board concerned. The candidate is not eligible for examination until his application has been approved by the subspecialty board concerned and confirmed by this board.

All candidates must pass the written and oral examinations in internal medicine before admission to examination in a specialty of medicine referred to. The specialty examinations are oral only and may be taken at any regularly scheduled oral examination subsequent to the candidate's certification in general medicine. Announcements of the oral examination will appear in THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION and the *Annals of Internal Medicine*.

Application forms will be forwarded on request to the office of the Executive Secretary-Treasurer and should be returned to his office when completed.

INFORMATION ON CERTIFICATION IN ALLERY BY THE AMERICAN BOARD OF INTERNAL MEDICINE

1. Two years, full time, in an approved allergy clinic and hospital (including training both in Allergy and Internal Medicine or Pediatrics), or

2. One year, full time, in an approved allergy clinic and hospital and two additional years of attendance at an allergy clinic and its activities, or

3. Five years, full attendance at an approved allergy clinic and its activities.

Approval is granted solely by the Council on Medical Education and Hospitals of the American Medical Association.

The Director or Chief of the Allergy Clinic must be certified in Allergy by the American Board of Internal Medicine or the American Board of Pediatrics, Inc.

RECOMMENDATIONS OF THE SUBSPECIALTY BOARD ON CARDIOVASCULAR DISEASE CONCERNING QUALIFICATIONS OF CANDIDATES FOR CERTIFICATION IN THIS SUBSPECIALTY

The applicant should be of good character and excellent standing in his community, as attested by letters from sponsors of known integrity.

The applicant should have reached a state of maturity, compatible with the acquisition of sufficient factual knowledge and experience to form a basis for sound judgment. The board believes that only exceptional individuals are sufficiently mature for this subspecialty before the age of thirty-five years or less than ten years after graduation from medical school.

The board will make exception to this general rule of admission to examination, under unusual circumstances, largely to avoid injustice to the younger men of outstanding ability.

The candidate must have given clear evidence of his deep and constant interest in cardiovascular disease over a period of years. The board is particularly interested in recommending for examination those applicants whose records indicate that their interest in cardiovascular disease will probably be sustained throughout life, and that their knowledge of the subject will constantly grow. Achievements in the field of research are regarded as evidence of such interest, but publication of articles or prolonged training in research work is not considered essential. Consideration will be given to the circumstances of each applicant's training and experience; those who have been in communities and institutions which offered excellent opportunities for contributions to the knowledge of cardiovascular disease will be expected to have made such contributions. Consideration will be given to the difference in experience of those whose opportunities for research have been more limited.

In most cases, it is deemed essential that the candidate, after thorough training in internal medicine, shall have received at least one full year of postgraduate education in cardiovascular disease, preferably under the guidance of a person known to be experienced and sound. Qualifications will be appraised by the Cardiovascular Board and admission of the applicant to the examination will be determined by a majority opinion of the board.

Every candidate admitted to the certifying examination in cardiovascular disease will be expected to possess specialized knowledge of the kind indicated below. This list is by no means complete; it is intended to indicate the nature, rather than the extent, of the knowledge every applicant should have. In terms of its scope it should be regarded as the minimum, not the maximum. Persons possessing special knowledge and training in peripheral vascular disease may be expected to have a higher standard required in the examination in that portion of the field than in the certain details of other branches of cardiology, and the converse may be similarly applied.

1. Full and accurate knowledge of the anatomy of the normal and diseased heart, including its relationships to the external chest and to the other mediastinal structures. A comprehensive anatomical knowledge of all important blood vessels including their aberrant locations.

2. A thorough knowledge of the normal and pathological physiology of the heart and peripheral circulation.

3. Detailed knowledge of the diagnostic signs which permit the recognition of all important diseases of the heart and blood vessels, such as arteriosclerosis, arteriosclerotic heart disease, syphilitic heart disease, rheumatic heart disease, constrictive pericarditis, auricular and ventricular septal defects, coronary thrombosis with myocardial infarction, thromboangitis obliterans, Raynaud's syndrome, coarctation of the aorta, aneurysm, patent ductus arteriosus, periarteritis nodosa and lymphedema.

4. Familiarity with the special methods used in the study of diseases of the heart and blood vessels. In the case of the heart, these include such technics as electrocardiography, roentgenography, catheterization and angiocardiography; in the case of vascular disease, such technics as the use of the oscillometer and thermocouple, arteriography, and venography, reflex vasodilatation, the cold pressor test, color changes with elevation, dependency, temperature, etc.

5. Accurate knowledge of the pathologic changes associated with the more important diseases of the heart and blood vessels, sufficient to enable the candidate correctly to evaluate the pathologic condition from gross specimens or microscopic sections.

6. Fairly extensive and detailed knowledge of the pharmacology relating to heart and blood vessels. This must include full knowledge of the important relationship of the autonomic nervous system both to the heart and to the peripheral vessels, and the effects of stimulation or paralysis of the various parts of the autonomic system by drugs or by surgical methods. The candidate should be intimately familiar with the use and effects of such important drugs as digitalis, quinidine, heparin, papaverine, epinephrine, dicumarol, penicillin, diuretics, sedatives, etc.

7. A sound understanding of the indications for conservative therapy, as well as for surgical procedures, in cardiac and peripheral vascular diseases (patency of the ductus arteriosus, arteriovenous anastomoses, constrictive pericarditis, scalenus, anticus syndrome, etc.).

In summary, it is the desire of the American Board of Internal Medicine and its Subspecialty Board in Cardiovascular Disease that physicians shall not be admitted to the certifying examinations unless they have exceptional qualifications as individuals and as experts in this subspecialty of medicine.

INFORMATION ON CERTIFICATION IN GASTROENTEROLOGY BY THE AMERICAN BOARD OF INTERNAL MEDICINE

A. Professional Standing

The candidate must have at least two letters from recognized internists or gastroenterologists, which must attest to the candidate's professional qualifications and ethical standing, whether he is specializing in gastroenterology and if not entirely, giving an opinion as to approximately how much of his work is devoted to it.

B. Education

1. The candidate must admit proof of adequately supervised training in the recognized gastroenterologic procedures, including gastric and hepatobiliary function tests, proctosigmoidoscopy and gastrointestinal roentgenology (film interpretation).

2. The candidate must present evidence of fulfilment of one of the following requirements:

(*a*) Formal graduate course in gastroenterology, full time for at least eight months in a recognized institution.

(*b*) Residency or fellowship for at least one year in gastroenterology under tutelage of a recognized specialist.

(*c*) In the absence of (*a*) and (*b*), attendance and active participation in a ward service or in a gastrointestinal clinic, recognized in standing, for at least five years.

3. If requirements (*a*) or (*b*) under the above heading have been met, only three years of (*c*) will be required.

C. Practice

At least 60 per cent of the candidate's work must have been devoted to gastroenterology for at least three years before application.

INFORMATION ON CERTIFICATION IN PULMONARY DISEASES BY THE AMERICAN BOARD OF INTERNAL MEDICINE

I. Candidates for certification in pulmonary diseases shall fulfil the requirements of the American Board of Internal Medicine as to:

A. General qualifications.

B. Professional education.

C. Special training.

II. In Addition to the General Requirements of the American Board of Internal Medicine, candidates shall:

A. Have completed special training period in pulmonary diseases to include at least a year's work in a sanatorium or hospital for tuberculosis and at least another year in the practice of pulmonary diseases in such an institution or in association with an older man competent in this field.

B. Submit an application to the Advisory Board in this specialty, which must be approved by all of the members of this board.

C. Pass the written and oral examination of the American Board of Internal Medicine.

D. Pass the oral and practical examination in pulmonary diseases.

AMERICAN BOARD OF NEUROLOGICAL SURGERY

FRANCIS C. GRANT, Chairman, Philadelphia.
R. GLEN SPURLING, Vice Chairman, Louisville.
HOWARD A. BROWN, San Francisco.
WILLIAM V. CONE, Montreal.
FRANC D. INGRAHAM, Boston.
ERIC OLDBERG, Chicago.
BRONSON S. RAY, New York.
A. EARL WALKER, Baltimore.
JAMES C. WHITE, Boston.
HARRY WILKINS, Oklahoma City.
LEONARD T. FURLOW, Secretary-Treasurer, Washington University School of Medicine, St. Louis.

GENERAL QUALIFICATIONS

1. Moral and ethical standing in the profession satisfactory to the board of directors.

2. It shall be discretionary with the board to accept for examination candidates who have been in practice more than six years but whose formal training fails to meet the full requirements.

3. Properly qualified candidates who are permanent residents in and citizens of other countries and are legally qualified to practice medicine there, and who have received their training in neurological surgery in the United States of America or Canada may apply for certification by the American Board of Neurological Surgery.

4. A special certificate may be issued to foreign (not United States of America or Canadian citizens) candidates who have received their training in neurological surgery in the United States of America or Canada and who are returning to their own country at the end of their training period, upon passing successfully the regular examinations of this board, without completion of the requirement of two years in the practice of neuro-

logical surgery. This special certificate shall be appropriately identified to distinguish it from the regular certificate of this board.

PRELIMINARY PROFESSIONAL STANDING

1. Graduation from a medical school which is acceptable to the American Board of Neurological Surgery.

2. Completion of a surgical internship of not less than one year in a hospital acceptable to the board, or its equivalent in the opinion of the board. (A one year rotating internship does not satisfy this requirement.)

SPECIAL TRAINING

A period of graduate study in a recognized graduate school of medicine of not less than three years beyond the year of general surgical training, or in an approved hospital or under a sponsorship acceptable to the American Board of Neurological Surgery for the training of neurological surgeons. The training in clinical neurological surgery must be progressive and not obtained during repeated short periods in a number of institutions. It is preferable that at least two years of this training be had in one institution, and the board will not ordinarily approve periods of training in clinical neurological surgery of less than one year.

This period of special training shall be of such a character that the relation of the basic sciences of anatomy, physiology, pathology, bacteriology and biochemistry is emphasized. Knowledge of these sciences as applied to practice of neurological surgery will be required in the examination. The board will not credit periods of study limited to these basic sciences of longer than six months in fulfillment of this requirement of three years of special training.

Training in diagnostic neurology should be obtained either in correlation with training in neurological surgery or independently. The candidate will be required to pass an examination in this subject.

An additional period of not less than two years in the practice of neurological surgery.

The above represents only the minimum requirements of training for the practice of neurological surgery in the opinion of the board.

APPLICATIONS

An application on the official application blank in such form as may be adopted from time to time by the Board of Directors, in order to be considered at any meeting, must be in the hands of the secretary-treasurer of the board not less than sixty days before the date of such meeting.

The secretary-treasurer of the board on receipt of an application shall forthwith make inquiries from those to whom the candidate refers and from such other persons as the secretary-treasurer may deem desirable, after which he shall forward the application to the Committee on Credentials. This committee shall consider the application and other information available and notify the secretary-treasurer its recommendation whether or not the applicant is acceptable. The certification of a candidate shall be approved by a majority of the members of the entire board at any meeting held for such certification.

PAYMENT OF FEES

The fee for certification, with or without examination, shall be $100.

The candidate for examination on filing his application shall accompany it with an application fee of $25. When notified by the secretary-treasurer that he is eligible for examination he shall send the examination fee of $75 to the secretary-treasurer at least two weeks before the date of the examination. The application fee will be returned if the candidate is not accepted for examination.

REEXAMINATION

A candidate who has failed in one examination is eligible for reexamination in the subject, or subjects, in which he failed, within three years, on payment of a reexamination fee of $25. A candidate who has failed in one examination and who does not apply for reexamination within three years or a person who has applied within that time but who has failed a second time will be considered a new applicant.

AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

WALTER T. DANNREUTHER, President, New York.
F. BAYNARD CARTER, Vice President, Durham, N. C.
ROBERT A. KIMBROUGH JR., Vice President, Philadelphia.
WILLARD R. COOKE, Galveston, Texas.
DANIEL G. MORTON, Los Angeles.
JOHN L. PARKS, Washington, D. C.
HERBERT E. SCHMITZ, Chicago.
ROBERT L. FAULKNER, Secretary-Treasurer, 2105 Adelbert Road, Cleveland 6.
LAWRENCE M. RANDALL, Assistant Secretary, Rochester, Minn.

REQUIREMENTS

Each applicant before he may become eligible to receive the certificate of the board or other evidence of recognition:

1. Must have had conferred on him a degree in medicine by an institution of learning approved by the Advisory Board for Medical Specialties and the Council on Medical Education and Hospitals of the American Medical Association.

2. Must establish in a manner satisfactory to the Board of Directors that he is a physician duly licensed to practice medicine, and

(*a*) that he is of high ethical and professional standing.

(*b*) that he has received at least minimal training bilaterally, i. e., in both obstetrics and gynecology. Training in one branch only is no longer sufficient for qualification. The term "minimal training" as used here is at present defined as meaning at least one year of full time formal training, in the branch of either obstetrics or gynecology relegated to a minor role in a candidate's training program as related to his preference and plans for practice. The required total of formal training is three years.

(*c*) that physicians otherwise qualified, who were graduated before Jan. 1, 1939 and whose required training was in obstetrics or gynecology alone, and who have confined their practice to obstetrics or gynecology for at least five years immediately prior to application be accepted for examination as candidates for certification in either obstetrics or gynecology. In all other respects requirements for eligibility remain the same as for those physicians graduated since 1939. Bilateral training is required. At least a fundamental knowledge of both obstetrics and gynecology is essential regardless of whether a candidate's practice is limited to one or the other branch.

3. Must make application for investigation of his credentials and a survey of his character.

4. Must assure the board that he is limiting his practice to obstetrics and/or gynecology and that he intends to continue to do so, except for possible military duties. Candidates will be accepted only if, on application or by the time of their examination, they have been in practice limited to the specialty for a minimal period of at least two years following completion of their specialty training. This change in requirements permits a qualified candidate to make his application in the second year of his post-training practice period. The sole exception to the two year limitation is practice for the Frontier Nursing Service, Inc., of Kentucky.

This board will not accept applicants for examination who are not full citizens of the United States or of Canada, though they may be residents of either country. Foreign born applicants must have been certified by either the National Board of Medical Examiners or licensed to practice medicine in the United States or Canada by a state or provincial board of licensure. Notarized statements, not original citizenship papers, must be furnished when the application is filed attesting to the fact of full citizenship in the United States or Canada, if the applicant is foreign born. Further, there will be required a probationary period of at least three years from the date of licensure in the practice of medicine in these countries before such a candidate may be admitted to examination.

Applicants who have been certified by one of the other American specialty examining boards will not be eligible for certification by this board until they have relinquished the certificate previously conferred. (In making application to this board for certification, applicants, for some time back, have agreed to revocation of their certification by this board if and when they apply for and receive certification by any other American board, except on special action to the contrary taken by the American Board of Obstetrics and Gynecology.)

The board has ruled that physicians who accept male patients in their private or other practice, for operative or other care, cannot be regarded as specialists in obstetrics and gynecology, except by special ruling when this is related to active military duty.

This board deprecates engagement in fields of practice other than that in which candidates profess to be specialists. The board does not exclude from examination, however, obstetricians-gynecologists who practice abdominal surgery and urology in the female because of the correlation of these activities.

Military service or any other similar patriotic service, such as work with Selective Service boards, etc., have not been construed as nonlimitation of practice in violation of the board regulations. Officers (Regular or Reserves) certified by this board and on duty with "Family Dependent Services" are expected to be permitted to limit their work to the specialty, as in civilian life, and not to be engaged regularly in general or other practice.

The minimal requirements for all candidates will be uniform as follows:

1. Completion of at least one year intern service in a hospital approved by the Council on Medical Education and Hospitals of the American Medical Association. This need not be a general rotating internship, although this latter is preferred.

The board accepts the fifth or "intern" medical school year required at some schools in lieu of the usual fifth or intern "clinical training" year following graduation.

2. A minimum of seven years of training and practice after the intern year, to include at least three years of residency training in obstetrics-gynecology in approved institutions, or adequate preceptorship training. (See Section on Preceptorship Training.) Following completion of acceptable training two years of post-training practice limited to the specialty are required.

This leaves two other years in the total of eight years following graduation. During the early part of this period other training in branches, especially such as general abdominal surgery (see next paragraph), or in pathology, urology, internal medicine, or general practice is desirable and accredited on this total time period. The last two years of such an eight year period must be in practice limited to the specialty. (See paragraph 4 under Requirements.)

The Council on Medical Education and Hospitals of the American Medical Association listed for the first time in 1950 (*J. A. M. A.*, April 15, 1950, pages 1216, 1204-1211), 149 inspected and approved one year residencies in general surgery "as offering training in general surgery . . . in preparation for residencies in surgical specialties." Such residencies are recommended by this board as desirable additional preparation, particularly when they provide opportunities for training in abdominal surgery. As noted above, such service may be included in the total minimal eight years required after graduation.

Post-training practice period may include full time medical school or other positions within the specialty, actual practice within the specialty as an assistant, associate, or independently.

Periods of residency in obstetrics-gynecology in excess of the required three years will not be accepted as a substitute for any part of the two required years of post-training practice except in the cases of men advancing from their residency training into and planning to remain in full time teaching positions in medical schools and their affiliated hospitals.

3. Basic science training should emphasize the relation of the basic sciences, anatomy, pathology, physiology, biochemistry and bacteriology, to the application of surgical principles which are fundamental in all branches of surgery. More especially, for this specialty there should be training in infertility, endocrinology, oncology, irradiation therapy, electrotherapy, psychosomatic medicine and other nonoperative methods of diagnosis and treatment. In addition, the candidate must understand and be trained in the care of emergencies, shock, hemorrhage, blood replacement, electrolyte and fluid balance, protein and nitrogen balance, choice of anesthetics, chemotherapy, acidosis and alkalosis, narcotics and hypnotics, wound healing, and so on.

Studies in the basic sciences may be integrated with the clinical work or may be given separately.

SPECIAL CREDITS AND RULINGS

The board conformed with the general acceleration in programs in medical education in that it will accept a period of nine "accelerated" months as an academic year in satisfying the requirement for each of three years of residency training. Such allowances can be made only for services during the wartime period of the official "accelerated program" and are not made for services before 1943 or after the discontinuance of this acceleration in 1946.

No formal graduate courses are required. If taken, credit will be limited to six months. Fellowships will be evaluated individually for credits by the Credentials Committee.

An applicant serving under military orders in an Army or a Navy hospital in an obstetrical-gynecological service under supervision will be given the same credit as if he were working under a preceptor, if these departments are supervised by diplomates of this board or recognized obstetricians-gynecologists. He may obtain full residency credit if such hospital is officially approved and listed for residency training in this specialty. The Credentials Committee of the board will review and give consideration to each individual case. Special request must be made for such credits.

A blank log-book entitled "Medical Officers Professional Training Record" is obtainable from the offices of the Surgeons General. This Record should be carefully kept and attested while in military service.

APPLICATION AND FEES

Application must be made on a special blank which will be furnished by the secretary's office and must be forwarded with the other required credentials and the application fee to the secretary's office not later than Nov. 1, 1952.

Candidates currently applying for admission to the examinations for certification are required to submit a list of all patients admitted to the hospitals where they practice, for the year preceding their application or the year prior to their request for reopening of their application, with the diagnosis, pathological diagnosis, nature of treatment, and end result.

Candidates who have not had a minimum of three years' formal residency type of special training should utilize Preceptorship or Supplemental Training forms, obtainable from the office of the board, to submit in addition to the regular application form.

The application fee is $25 and is not returnable.

The examination fee is $100 and is payable when the candidate is notified of acceptance for examination. This fee is not returnable after the candidate has been officially accepted by the Credentials Committee and notified to report for examination.

If the candidate fails the Part II examination on his original application, he may exercise the privilege of one reexamination (see Examinations, Part II) but he will be required to pay a fee of $25 for such reexamination on making request that his application be reopened for this purpose. This ruling is effective on applications originally made after June 1, 1949.

The fees have been carefully computed on a basis of cost of examinations and are used entirely for administrative expenses. Examiners and associate examiners serve as such without compensation other than actual expenses.

Many prospective candidates write the secretary's office outlining in their letters their training qualifications and asking informally if they are eligible, if this training has been sufficient and, if not, what is still lacking. Any candidate should be able to make a fair estimate of his eligibility after studying these requirements.

Individual officers and directors cannot and will not make any such estimates or rulings. These are made only by the Credentials Committee after reviewing such requests made on a special form provided for this purpose, and submitted to the secretary for an appraisal with the fee of $15 to cover clerical expenses involved.

This form is designated the "Application for Appraisal of Incomplete Training."

Personal interviews cannot be granted by the secretary or other directors of the board unless requested by the board.

Appraisal of Training forms should not be filed if Application for Certification has already been filed. This is unnecessary duplication.

All candidates must comply with the board regulations in effect for the year in which the examination is taken, regardless of when the original application was filed.

Applicants declared ineligible for admission to examination may request reopening of their applications within two years of the filing date without payment of an additional application fee. When a candidate requests that his application be reopened, he must supply the board with information to justify such further consideration. A request for the reopening of an application declared ineligible by reason of insufficient training, nonlimitation of practice or similar items may not be approved in less than two years, although application may be made as specified above to avoid payment of an additional fee. This approval time may be reduced under exceptional circumstances. The request must have adequate supporting evidence of additional training and experience to warrant reconsideration. Preceptorship or Supplemental Training blanks should be used for such reports, and these will be supplied on request.

After two ineligiblity or postponement rulings on any candidate's application, an entirely new application must be submitted (with or without fee, according to current requirements) in order to bring data down to date. The essential feature of this should be evidence of additional training and experience.

Applicants declared eligible but who fail to exercise the examination privilege within three years of the date of filing the application are required to file a new and current application and to pay a new application fee.

Candidates should offer as sponsors or references two diplomates of this board with whom they are presently in contact, rather than men under whom they served as residents only. It is required that sponsors be from the candidate's community and currently acquainted with the candidate and his ability in his practice of the specialty.

On notice of acceptance for admission to examination, examination fee is due and also case records which should be shipped by the candidate to the secretary's office as soon as possible and not later than the date of the Part I written examination.

The candidate should make immediate acknowledgment of his notice of acceptance, at which time he will notify the secretary's office approximately when to expect his case reports.

EXAMINATIONS

Part I examinations are scheduled annually for early in February. Grades cannot usually be mailed from the secretary's office until after April 1 following the examination. Arrangements will be made for candidates to report in any convenient city where there may be a diplomate of this board to conduct or supervise the written examination which will be sent out from the board's office under sealed cover.

Special arrangement will be made through senior officers for conducting the written portion of the Part I examination for men in military service. Such candidates are requested to keep the secretary's office informed at all times of changes in their mailing addresses.

All applicants accepted for examination will be required to obtain a passing grade in both the written examination and a review of case reports (Part I), before becoming eligible for the oral-clinical and pathology examinations (Part II). The passing grade for the written examination and case reports is 75 per cent. A candidate whose grade in either or both falls below 75 per cent is conditioned.

Reexamination for the removal of conditions in Part I may be taken after one year but within three years after the first failure, without payment of an additional fee.

Application for reexamination in Part I must be made by the candidate prior to November 1 of any year. Requests for reexamination in the written portion of Part I and requests for resubmission of case reports must be filed prior to Nov. 1, 1952.

Candidates who successfully complete the Part I examination proceed automatically to the Part II examination held later in the year. Requests for reexamination in Part II must be made prior to Feb. 1, 1953.

Candidates appearing for reexamination under a new application after two previous failures will not be required, if they have passed all or part of the Part I examinations on their first application, to repeat such examination items already successfully cleared.

PART I

Examination consists of:

1. A comprehensive written examination, conducted annually, including questions on both obstetrics and gynecology and related basic sciences. The written examination will be limited to a maximum period of three hours.

2. The filing, as early as possible, and not later than the date of the written examination, of 25 obstetrical and gynecological case reports, in condensed form. (See Sections on Case Reports.)

Grades on case reports submitted for review prior to the written examination will be announced simultaneously with those of the latter; candidates who take the written examination but fail to submit case reports on or before the date of the written examination cannot be given the grade on the latter until their case reports have been received and graded.

PART II

The oral-clinical and pathology examinations given all candidates are conducted by the entire board and the associate examiners usually near the time and place of the annual meeting of one or more of the national societies represented on this board. Advance announcements of examination dates and place will be made in medical journals throughout the country. (Schedule for Chicago, May 17 to 24, 1953.)

Examination consists of:

1. Oral examination before two to four examiners.

An endeavor is made to adapt the details of the oral examination to each candidate's experience and practice. The examination is particularly directed to ascertain his familiarity with recent obstetrical and gynecological literature, the related basic sciences, the breadth of his clinical experience, and his general qualifications as a specialist in obstetrics and gynecology.

2. Pathology examination.

The candidate is expected to identify and to discuss several obstetrical and gynecological pathologic specimens and sections.

Examiners report orally on each candidate to the assembled board, after which the results of their investigations are considered jointly by the entire board and associate examiners. After a general consideration of the details of the candidate's oral and pathology examinations, including a review of his capability and general adaptability, the candidate is passed or failed by the entire board of directors.

The final action of the board is based on the candidate's ethical and professional record, training and attainments, as well as on the results of his formal examination.

When a candidate fails in Part II of the examination, he is not required to repeat Part I but is required to repeat Part II only. One reexamination may be taken within three years of the original examination and first failure without formal reapplication papers. Request for reopening of the candidate's original application must be filed with a reexamination fee of $25 (See Application and Fees). Application for reexamination in Part II must be made by the candidate prior to February 1 of any year. Data regarding additional training or experience and medical school or hospital appointments acquired in the interim must be cited in the letter and verified on a Supplemental Training Form obtained from the office of the secretary of the board.

The reexamination fee will be effective only on original applications filed subsequent to the date of this announcement, namely, June 1, 1949.

The candidate may be allowed to reappear at the examination following the one failed by him. The board may, at its discretion, deny the candidate the privilege of reexamination. Requests for admission to reexamination must be accompanied by statements covering additional training, or opportunities for supervised clinical experience since the previous failure to justify such readmission.

Failure to exercise the privilege of reexamination within three years entails the filing of a new application with the usual application and examination fees.

After two failures in either Part I or Part II on the first application, the candidate may reapply and be readmitted to examinations once only. Exceptions to this ruling can be made only by action of the entire board of directors in annual session, usually to be based on evidence of additional training and experience sufficient to warrant such action.

CASE REPORTS

Case reports are to be sent by the candidate to the secretary as soon as possible after receiving notification of eligibility, and not later than the date of the Part I written examination.

In the case of candidates applying for unilateral certification, case reports must pertain to the branch for which application is made.

Twenty-five important obstetrical and gynecological case reports, in condensed form, are required. Five cases may concern major illnesses, not necessarily operative. These reports must include a variety of material rather than a number of reports of one type. Effective Jan. 1, 1952 case reports from one residency's service shall not be more than five in number.

Men holding full time medical school faculty appointments may submit half their case records from this full time, nonprivate practice, but post-training service. (See Requirements.)

The candidate should prepare and maintain in his possession a carbon copy of his case records in case of possible loss in shipping.

These reports are not to be copies verbatim from hospital records, but should be in condensed form.

Evidence of adequate follow-up examination pertinent to each individual case must be submitted.

The candidate should submit *separate verified index lists, in duplicate* for each individual hospital at which operations were performed. All of these must be formally signed by the responsible hospital official (preferably the hospital superintendent), attesting in each instance that the candidate was the operator.

In the upper left-hand corner of each index sheet there should appear:

Candidate's Name; and Name and Address of Hospital.

The data for each patient should be tabulated horizontally, reading thus:

1. Sequence number of case report (1 to 25).
2. Whether patient was from the candidate's residency service or his own private or ward practice, as follows: "Res. Serv." or "Own Practice." *All records failing to have this information will not be considered acceptable.*
3. Patient's name or identifying initials, age, parity.
4. Date of patient's admission and hospital admission number.
5. Date of patient's operation.
6. Date of patient's discharge.
7. Dates of follow-up examinations.

At the foot of each index sheet should be placed the attested statement of the hospital official, referred to above. This statement should read as follows:

This is to certify that the above listed case reports have been verified by me from the records of this Hospital and these patients operated upon in this institution by Dr.————————; that the admission number and dates specified are correct. This is further to certify that the reports given the following sequence numbers (———— to ———— inclusive) were from the residency service of the aforementioned physician and the reports given the following sequence numbers (———— to ———— inclusive) were from his own practice (ward or private) in this Hospital and that in all instances he was the chief operator.

.....Signature

.....Official Title

Date.....

Each case report should be typewritten on standard size paper, 8½ x 11 inches, and these reports then assembled in sequence. Covers should not be used for separate reports, as this increases their bulk unduly. Reports should be bound loosely together in a light outside cover not larger than 10 x 12 inches, so that they may be opened and held like a book. The following items should be observed:

I. Each case report should be headed by identifying information corresponding with that of the index lists, including sequence number, designation as a "Residency" or "Own Practice" case, and so on.

II. The report of the case should begin with:

1. Preoperative diagnosis.
2. Postoperative diagnosis (based on findings).

III. The report should be in condensed form, not reported in detail. Follow-up findings of not less than six (6) months are essential. Omissions of follow-up examinations must be explained and justified.

IV. Obstetrical reports which do not include essential pelvic measurements and note of methods used, will be considered incomplete.

V. Critical summary or analysis of each report with critical deductions derived from correctness or incorrectness of candidate's procedures and from final results must be a final part of each report. Lacking such summary, *reports will be considered incomplete and will not be graded.*

GRADUATE TRAINING RESIDENCIES

This board, through the Council on Medical Education and Hospitals of the American Medical Association, has approved institutions providing acceptable residencies in obstetrics and gynecology.

The American Board of Obstetrics and Gynecology has established the following requirements for its approval of a residency in a hospital department or service:

1. It is most desirable that the Chief of Service of the Department be certified by the board, in the interests of the proper teaching of the specialty of obstetrics and gynecology. In lieu of such certification the board will approve of individuals of recognized high professional standing in the specialty. At least one additional senior member of the staff should be similarly qualified.

2. Exceptions to the foregoing, in respect to the certified status of Chiefs of Service and others as outlined above, can be made by assent of the Committee on Residency Training for adequate and justifiable reasons. As examples of the latter, the degree of F.A.C.S. in obstetrics-gynecology may be accepted in lieu of one of the two required certifications if the general reputation of the person concerned is known to the Committee as national or sectional in scope, or a professorial rank without certification might be acceptable.

3. In instances where the services of obstetrics-gynecology are not combined but are separate in any given hospital, the Chief of each such service seeking approval and at least one of his subordinates must be certified or otherwise qualified as outlined above.

If obstetrics and gynecology are not combined in one department, approval can be granted only if arrangements are made for some degree of rotation of residents between both services, provided both services are separately approved.

4. If gynecology is classified in the given hospital as a subdivision or subservice of general surgery, approval cannot be granted for residency training in gynecology. Exceptions have been made if the subdivision of gynecology is headed and staffed by a chief and at least one other certified by this board or otherwise qualified as specialists in obstetrics-gynecology, as specified above, thus insuring an acceptable educational program in obstetrics-gynecology.

5. Effective July 1, 1948, "temporary approvals pending survey" were discontinued. It is expected that all presently approved hospitals will soon be initially surveyed, if holding temporary approval, or resurveyed and redesignated if holding unconditional approval.

6. Departments holding official approvals for residency training are cautioned that their totals of residents appointed must be kept to the number specified in the A. M. A.—American Board approval notification. Dilution of training facilities by

unauthorized appointment of residents in excess of these numbers may be cause for reinspection and changes in approval status of such hospitals and their special services.

7. For further details of requirements and qualifications for approval for residency training, hospital officials should refer to the latest special issues of THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION as they appear during each year, dealing with these subjects, *or should apply to the Council on Medical Education and Hospitals of the American Medical Association for bulletins entitled Essentials of Approved Residencies and Fellowships.*

8. Application for residency approval must be made in triplicate on special forms provided for this purpose. These forms may be obtained from the Secretary of the Council on Medical Education and Hospitals of the American Medical Association, or from the Secretary of the American Board of Obstetrics and Gynecology. All statements amplifying an application should also be made in triplicate. The hospital should keep a duplicate of all papers.

9. The formal application, with all papers, for residency training approval should be submitted primarily to the Council on Medical Education and Hospitals of the American Medical Association, 535 North Dearborn Street, Chicago 10, Illinois. Action is taken jointly by the Council and this Board after survey by the Council.

10. Approvals are granted according to adequacy of the training program and teaching facilities of various institutions on the following several bases: (a) one-year approval in obstetrics and gynecology (combined) or one-year approval in obstetrics and/or in gynecology (separate), correlated basic science instruction being an essential part of the first year; (b) two-year approval in obstetrics and gynecology (combined) or two-year approval in obstetrics and/or in gynecology (separate), provided there is opportunity in the latter instances for some degree of rotation between the two services as well as laboratory instruction in basic sciences; (c) three-year approval in obstetrics and gynecology (combined) or in obstetrics or in gynecology, provided there is opportunity for one to one and one-half years' service in the branch of the specialty opposite to that in which the candidate holds appointment, as well as laboratory instruction in the basic sciences of both branches.

Three (3) years' approval is available to institutions holding active medical school teaching affiliations. Other institutions may acquire three (3) years' approval if their educational programs and teaching facilities are adequate for such approval. Probably the most desirable type of approval, from the hospital's standpoint, is that of two (2) years in obstetrics and gynecology, because of the greater flexibility regarding appointments. These two (2) years may be the first two (2) following a trainee's internship or they may be the last two (2) of his formal training following an internship plus one (1) year of acceptable training in the specialty. A service with two-year approval may also, if it desires, appoint a man for only one (1) year, as for example, if he has already had two (2) years of approved training.

Many institutions with three-year approval appoint a group of men for the first year, promoting only part and releasing some of them at the end of this time. Other institutions are accredited for only one (1) year and both will from year to year provide partly trained men for the two-year institutions, which may thus complete a candidate's required training.

Some institutions may be granted one-year approval either because of limited facilities or, in certain instances, because of the preference of the institution which may require that candidates for such positions must show evidence of having completed two (2) years of satisfactory training.

No stipulation has been made that an institution holding only one-year training approval must provide this as the first year of a candidate's formal training. It may be his second or even his third year, responsibilities being graded accordingly, but if it is his first year laboratory basic science instruction is an essential part.

On the other hand, candidates may be promoted from year to year in one place for their entire service of three (3) years if this institution is so approved and listed.

Exchange residencies within the specialty between approved institutions are acceptable and to be encouraged. Many authorities believe that training in more than one institution is broadening to the candidate. "Farming out" to unapproved institutions or services is not acceptable unless the work of such services is directly and carefully supervised by the Chiefs of the service in the approved hospital under which the man is actively appointed and working. This should be attested by such Chiefs.

Exchange residencies into other specialties cannot be permitted to subtract from the minimal required three (3) years of training divided between obstetrics-gynecology.

As noted elsewhere, two (2) years of post-training practice limited to the specialty is necessary before a candidate becomes eligible for certification.

This board has no objection to residency services being arranged by hospitals for periods longer than three (3) years, unless this dilutes the candidate's clinical training opportunities too much during the first three (3) years. However, the board does not accept a fourth year, or more, of residency training as a substitute for any part of the required two (2) years of post-training practice. The importance of post-training practice in the specialty is emphasized as an opportunity for maturing of the candidate and for colleague appraisal of a man's ability when working on his own responsibility in his chosen community.

Exception to this ruling may be made for men advancing from their training into and planning to remain in full-time teaching positions. These men then must complete at least two (2) years in such positions. Consequently the only institutions in which men may work as fourth and fifth-year residents and obtain credit for this time as "post-training practice" are those directly affiliated with approved schools of medicine as teaching hospitals for undergraduate instruction. These "full-time" men must hold faculty appointments, must have teaching duties with undergraduate students, must be given independent authority more than that of residents, and must make a declaration of intention to remain in full-time teaching work.

11. Lists of officially approved institutions for formal residency training appear regularly in certain issues of THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION. Detailed information about any of these can be obtained from the Association.

12. Any physician formally obligating himself to serve a residency in a Council on Medical Education and Hospitals of the American Medical Association-American Board of Obstetrics and Gynecology approved hospital and thereby eliminating other possible candidates from the position, who breaks his contract without justifiable cause, either before beginning his service or during his period of service, except by mutual consent and agreement between the candidate and the hospital, may be barred from the examinations for certification at the discretion of the board.

PRECEPTORSHIP TRAINING

It should be recalled by all concerned that credits for graduate training may be obtainable in certain instances for residency or assistantship service in hospitals not officially approved for residency training. Each such case must be individually considered, and credits will be largely dependent on the teaching qualifications of those in charge of the service, and the clinical facilities of the hospital in question.

As a substitute for part of the required total of formal residency training, service with a qualified obstetrician-gynecologist preceptor, preferably one who has been certified by the board, may be acceptable. The exact time basis for this has not been specified, and each case must be reviewed and decided individually by the Credentials Committee after the application is submitted in the regular manner. The time allowance for this type of training will vary with the amount of work done with the preceptor. It is unusual for more than six months' credit to be given for one year of preceptorship training.

An acceptable preceptor is a specialist in obstetrics and gynecology of long experience certified by this board. His volume of office and hospital practice must be large enough to offer ample opportunity for the candidate's training. Preceptorship training should include participation in procedures of office and hospital practice, including operative and obstetric responsibilities, with adequate time devoted to the studies of basic sciences and pathology and the study of current literature pertaining to this spe-

cialty. The preceptor should supervise closely the candidate's work and keep an informative record of the candidate's performance in order to facilitate the board's efforts in evaluating the adequacy of the candidate's training.

Candidates who propose to offer preceptorship training for any part of their necessary credits before this board should request Preceptorship Training forms to be sent them by the office of the board in addition to the application blank. These forms are to be filled out by the candidate, executed by the preceptor and returned by him directly to this office, with a covering letter amplifying any of his statements or the data contained in the preceptorship form.

The post-training practice requirement cannot be considered as being carried on concurrently with preceptorship training. It must be dated from the time when a candidate is considered by his preceptor and the board, as having completed his training. The candidate need not discontinue or change the status of his assistantship to establish these dates. The Credentials Committee is not likely to allow more than six months' training credit to be given for each year of preceptorship training as compared with the more intensive formal residency training.

CERTIFICATION

Each certificate granted or issued does not itself confer or purport to confer on any person any degree or legal qualifications, privileges or license to practice obstetrics or gynecology, nor does the board intend in any way to interfere with or limit the professional activities of any duly licensed physician. Its chief aim is to standardize qualification for specialists in obstetrics and gynecology, and to certify as specialists those who voluntarily appear before the board for such recognition and certification, according to its regulations and requirements.

The board does not subscribe to any hospital rule that certification is to be required for medical appointments especially in ranks lower than chief or senior staff of hospitals, or associate professorship in schools of medicine, for the obvious reason that such appointments constitute desirable specialist training.

Even though certification or its full equivalent may be considered a desirable requisite to appointment in key positions, as on the senior or chief staff, particularly of hospitals expecting to conduct approved services for training of residents, it was never intended by this board that certification should be required by any hospital as a prerequisite to appointment, especially in such lesser positions.

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Address all communications to the American Board of Ophthalmology, Cape Cottage, Maine.

NO DEGREES OR LEGAL RESTRICTIONS

Each certificate granted or issued does not of itself confer or purport to confer on any person any degree or legal qualifications, privileges or license to practice ophthalmology, nor does the board intend in any way to interfere with or limit the professional activities of any duly licensed physician. Its chief aim is to elevate the standards of qualification for specialists in ophthalmology and to certify as specialists doctors of medicine who appear before the board for such recognition and certification, according to its requirements and regulations.

REQUIREMENTS

All candidates must comply with current board regulations regardless of time of filing application.

The secretary is not permitted to make decisions as to requirements. These rulings are made only by the Committee on Credentials after reviewing the candidate's formal application.

PREREQUISITES

1. High ethical and professional standing.

2. Full citizenship in the country where the candidate practices. (Limited to countries of North and South America, their possessions and territories and the Philippine Republic.)

3. A degree from a medical school of high standing, satisfactory to the board and approved by the Council on Medical Education and Hospitals of the American Medical Association. An applicant whose training has been received outside of the United States and Canada must present credentials satisfactory to the board and is required to have the certificate of the National Board of Medical Examiners if he has been in practice less than ten years.

4. Completion of an internship of not less than one year in a hospital approved by the same Council.

5. Completion, by the time of the written Qualifying Test, of not less than thirty-six months (a total of sixty months is required of candidates practicing both ophthalmology and otolaryngology) of combined study, training and practice of ophthalmology in approved medical schools, hospitals, clinics, dispensaries, laboratories, preceptorships and private practice.

GENERAL REQUIREMENTS FOR ALL CANDIDATES

1. Application forms must be filled out completely and accurately. Letters of endorsement, together with any other required credentials, must be sent to the secretary's office before the deadline date.

2. Fee of $100 remitted with application.

3. A list of papers or books published.

4. Written qualifying test.

5. Practical examination.

6. Special review of ophthalmic surgery.

7. Membership in the American Medical Association, or such other societies as are recognized for the purpose by the Council on Medical Education and Hospitals of the American Medical Association.

FEES

For written test and original examination, $100 (as mentioned above).

Repeating Written Qualifying Test, $65.

Repeating Practical Examination, $65.

Single conditions, Written or Practical (except surgery), $25.

Repeating Practical Surgery, $35.

Two or more conditions, $35.

Written qualifying test must be taken within three years of date of application. Thereafter new application and fee are required.

The fees have been carefully computed on a basis of cost of examinations and are used entirely for administrative expenses. Examiners serve without compensation other than actual expenses.

SPECIAL TRAINING

This shall include:

1. Graduate study of the basic medical sciences which are fundamental to the intelligent practice of ophthalmology, particularly: anatomy, histology, embryology, optics, physiologic optics, visual physiology and psychology, pathology, bacteriology, pharmacology, disorders of ocular motility and binocular vision, perimetry, and in the skilful adjustment and use of instruments such as the ophthalmoscope, retinoscope, slit lamp and microscope. Mere factual knowledge is not sufficient; the

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candidate must have had training in the application of these subjects and in their use in clinical ophthalmology, especially in refraction.

2. Active clinical experience in approved hospitals, clinics, dispensaries and private practice. Library and laboratory facilities should be utilized for intensive study of cases.

The subject matter to be covered under 1 and 2 is outlined in the syllabus prepared by the board.

These requirements may be met in various ways:

BASIC STUDIES

Anatomy
Embryology and developmental abnormalities
Biochemistry
Pathology
Bacteriology and immunology
Optics and physiologic optics
Ocular physiology
Medical Ophthalmology
Therapeutics and pharmacology
Neuro-ophthalmology

These may be covered by:

A. *Graduate Study.*—By a curricular course in the basic sciences related to ophthalmology in an approved graduate medical school.

B. *Postgraduate Study.*—By courses in individual basic sciences related to ophthalmology as given at various approved institutions. The Home Study Course of the American Academy of Ophthalmology and Otolaryngology is recommended.

C. *Residency.*—By advanced study of these subjects during a residency and by correlation of the principles involved with clinical problems.

D. *Research, Fundamental and Clinical.*—By the detailed study, under supervision or as assistant to an experienced research worker, of some problem or topic which brings the basic sciences into direct relation with the concrete clinical problem.

CLINICAL EXPERIENCE

A. By residency in an approved hospital. The most desirable of these residencies have regular lectures covering the entire field of clinical ophthalmology and of the basic subjects as applied in clinical practice. Many of these have seminars at which residents report cases which they have carefully worked up. These are discussed by the other residents and by the staff and the method of presentation as well as the subject matter critically considered.

B. By residencies in hospitals where regular instruction by lectures and quizzes and seminars is not available. The syllabus issued by the board will guide the resident in his selection of topics to be studied.

C. By fellowships in ophthalmology.

D. By preceptorship with a well trained and critical ophthalmologist.

E. After completing a residency it is of great advantage to secure a position in a clinic as fellow or assistant. This may require only part time work, but due credit will be given. Its value to the student depends on how much study he puts into it and on how competent his seniors are.

F. Research under competent critical and sympathetic supervision will give first hand insight into (1) the methods whereby old knowledge was and new knowledge is acquired and (2) the pitfalls which accompany attempts to enlarge the sphere of knowledge. Only in this way can the candidate evaluate basic facts in the intelligent critical way which is expected of the specialist in practice.

G. The candidate who cannot secure the type of residency he desires should not despair, for his progress depends far more on how he uses his opportunities than on the opportunities themselves.

WRITTEN QUALIFYING TEST

Before being accepted for examination, candidates are given a written test to ascertain their qualifications. The questions may cover any part of ophthalmology and are especially devoted to the basic studies as listed above. The written test will be given in several principal cities at the same time. Choice of cities is determined largely by the geographical distribution of candidates. Candidates found acceptable will be notified to appear for a subsequent practical and clinical examination in ophthalmology.

EXAMINATIONS

Examinations usually are held annually at or near the time and place of the meeting of the American Medical Association; also at other times and places at the discretion of the board, depending on the number of applications from any region.

The board reserves the right to limit the number of candidates to be admitted to any one examination.

Candidates must be examined in all subjects listed in the sections titled Basic Studies and Practical and Clinical Examination. The time spent in preparation will count less than the knowledge and experience acquired as shown on examination.

PRACTICAL AND CLINICAL EXAMINATION

The subjects of the practical examination are as follows: (1) External Diseases, (2) Ophthalmoscopy, (3) Histopathology, (4) Refraction, (5) Motility, (6) Ophthalmic Surgery, and (7) Perimetry.

1. *External Diseases of the Eye and Adnexa.*—Various methods of examination, diagnoses and treatment.

2. *Ophthalmoscopy.*—Patients will be examined by the candidate and the findings described or drawn. A candidate is required to bring his own ophthalmoscope.

3. *Pathology.*—The candidate will demonstrate familiarity with general clinical pathology as well as the etiology, pathology and bacteriology of diseases of the eye. He will be asked to examine microscopic slides and to recognize normal and pathologic histology of the eye.

4. *Refraction.*—A candidate will examine patients and show mastery of various methods, and of the principles of refraction and of retinoscopy. He should bring his own retinoscope.

5. *Motility.*—The candidate will demonstrate on patients his familiarity with routine methods of examination and diagnosis.

6. *Ophthalmic Surgery.*—A candidate will demonstrate his surgical technique on animal eyes. He must bring his own equipment for performing an extracapsular combined extraction of the lens.

7. *Perimetry.*—The candidate will be given an opportunity to examine patients by use of the arc perimeter, the tangent screen and the stereccampimeter. He may also be required to interpret charted fields.

SPECIAL REVIEW OF SURGICAL CASES

The board now requires of all candidates a list of ophthalmic operations performed within two years prior to examination. This list is to be presented with application.

The operations should be listed in groups of each type of surgery. The numbers of operations in each group must be totalled and the total number of all operations shown. This list must contain the following data:

1. Date.

2. Condition or conditions for which operation was performed. Complications during hospitalization.

3. Name and character of operation.

4. Identification by hospital or clinic number, or the name of a consultant or conferee who was present at the time of operation.

Circumstances which prevent any candidate from fulfilling this requirement should be fully explained, with detailed statement of candidate's surgical experience.

CERTIFICATION

The decision of the board is final as to the candidate's passing, failure or partial failure. The final action of the board is based on the candidate's ethical and professional record, training and attainments, as well as on the results of his formal examinations.

REEXAMINATION

Candidates may be reexamined as often as they desire on satisfactory evidence of adequate additional preparation and payment of reexamination fee. A minimum of one year must

elapse between examinations when a candidate is conditioned in one or more subjects. A minimum of two years additional preparation is required of candidates who fail in all subjects. The board may, at its discretion, deny the candidate the privilege of reexamination.

AMERICAN BOARD OF ORTHOPAEDIC SURGERY

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RULES AND PROCEDURES

I. General Eligibility Requirements

1. Satisfactory moral and ethical standing in the profession.

2. Graduation from a medical school of the United States or Canada, recognized at the time of graduation by the Council on Medical Education and Hospitals of the American Medical Association, or graduation from a foreign school considered satisfactory by the aforementioned Council.

3. Completion of an internship of not less than one year in a hospital approved at that time by the Council on Medical Education and Hospitals of the American Medical Association or, if trained in foreign countries, in institutions considered satisfactory by the American Board of Orthopaedic Surgery.

4. Starting in 1952 and continuing subsequently, applicants taking Part I examinations for the first time must have completed not less than one year of resident training in general surgery in a hospital approved by the Council on Medical Education and Hospitals of the American Medical Association, or present evidence of comparable training in general surgery considered satisfactory by the American Board of Orthopaedic Surgery. The minimum of one year of training in general surgery is in addition to the minimum of one year of internship.

5. Completion of formal requirements for Part I or Part II examinations. These formal requirements can be only satisfied by training in one or two categories:

(*a*) resident orthopedic training
(*b*) preceptorship training

Applicants may no longer be admitted to examinations, or be certified, on the basis of extensive specialized practice and/or teaching appointments and/or many short unapproved courses.

6. Restriction of practice to orthopedic surgery.

II. Requirements for Part I Examination

1. Completion of and compliance with aforementioned general eligibility requirements.

2. Citizenship in the United States or Canada, or possession of citizenship papers showing intent to become a full citizen.

3. Satisfactory completion of a minimum of one year of approved training in orthopedic surgery under a program of resident orthopedic training, or completion of a minimum of five years of orthopedic training under a preceptorship program.

Starting in 1952 and continuing subsequently, in addition to the aforementioned requirements, applicants taking Part I examinations for the first time will be required to have satisfactorily completed a minimum of two years of approved training in orthopedic surgery instead of one year previously required. Applicants training on preceptorship programs will still be required to have completed a minimum of five years of orthopedic training.

4. Evidence of competence in training.

5. Approval for examination by the Committee on Eligibility of The American Board of Orthopaedic Surgery.

III. Requirements for Part II Examination

1. Successful completion of Part I examination.

2. Full citizenship in the United States or Canada.

3. License to practice in the United States or Canada.

4. Membership in the American or Canadian Medical Association.

5. Satisfactory completion of a minimum of three years of approved resident training in orthopedic surgery, plus a minimum of two subsequent years of practice period for applicants trained under resident orthopedic training programs.

6. Satisfactory completion of a minimum of five years of practice period for applicants trained under preceptorship programs.

7. Evidence of competence in practice.

8. Approval for examination by the Committee on Eligibility of the American Board of Orthopaedic Surgery.

IV. Application and Examination Fee Schedule

1. Application for Part I, fee $15, not returnable.

2. Examination, Part I, fee $35, payable only if approved for examination. Approved candidates failing to appear for scheduled examinations forfeit fees.

3. Application for Part II, fee $15, not returnable.

4. Examination, Part II, fee $50, payable only if approved for examination. Approved candidates failing to appear for scheduled examinations forfeit fees.

5. Reexamination, Part I, fee $35; for Part II, fee $50. No application fee is required for reexamination.

V. Applications

1. Applications for Part I examinations must be received in the office of the secretary of the board before November 30 of the year preceding the examinations.

2. Applications for Part II examinations must be received in the office of the secretary of the board before August 15 of the year preceding the examinations.

3. Notices of acceptance for admission to the Part I examinations are mailed to eligible candidates during the month of February in the year of the examinations.

4. Notices of acceptance for admission to Part II examinations are mailed to eligible candidates during the month of November in the year preceding the examinations.

5. Questions of eligibility for examinations are decided by the Committee on Eligibility of the board. This committee meets twice yearly. The secretary is not empowered to rule on questions of eligibility.

VI. Examinations

1. Part I examinations are held once yearly, usually in April or May, in various centers in the United States.

2. Part II examinations are held once yearly, usually in one center, immediately preceding the meeting of The American Academy of Orthopaedic Surgeons.

VII. Certification

1. Applicants who successfully pass Part I examinations will receive no certificate but will be notified by letter by the secretary.

2. Applicants who successfully pass Part II examinations receive a Certificate of the Board which states that they have been found qualified to practice the specialty of orthopedic surgery in those fields in which they have been trained and examined.

3. Candidates obtaining certification without training and examination in children's orthopedic surgery may subsequently add certification in children's orthopedic surgery by completing a minimum of one year of approved resident orthopedic training in children's orthopedic surgery and successfully passing examination in that field. A practice period of one year is required following completion of resident training, prior to examination for additional certification.

VIII. Approved Residencies

1. In the United States, resident training must be taken in institutions approved for resident training in orthopedic surgery by the Council on Medical Education and Hospitals of the American Medical Association. All approved institutions are listed at frequent intervals in the Internship and Residency number of The Journal. Lists may be obtained from the American Medical Association and are not obtainable from the board.

2. The integral parts of approved residencies are designated in lists by the following symbols: A—Adult Orthopedic Surgery; C—Children's Orthopedic Surgery; F—Fracture Surgery; and S—Basic Science training. Approved lengths of training in institutions is also designated.

3. Candidates electing an additional year of training in adult orthopedic surgery and fracture surgery in lieu of a year in children's orthopedic surgery may satisfy requirements by continuing their training beyond the designated approved length of time in institutions approved for adult orthopedic surgery or adult orthopedic surgery and fractures.

4. Credit for resident training is not retroactive. Candidates must receive resident training in institutions during periods that such institutions are on the approved list. If candidates are in training at institutions at the time that such institutions become approved, resident training credit may be granted from the start of the training period provided that the program is judged to have been satisfactory.

5. Candidates in resident training, or possessing signed contracts for future resident training in institutions which become disapproved, either in whole or part, receive resident training credit for the entire period during which their contracts are in force.

6. The term "fellow" is considered synonymous with "resident" when the position occupied and the work performed is equal in all functions. Fellowships in institutions having residents, in which training and responsibilities are not equal, are not credited as resident training.

7. Institutions approved for resident training in orthopedic surgery by the Council on Medical Education and Hospitals of the American Medical Association may, with prior acceptance by the American Board of Orthopaedic Surgery and notification to the Council, utilize the training facilities of institutions not individually approved for resident training by the aforementioned Council, provided that:

(*a*) The training supplements services in the same categories in which the institution responsible for training is approved by the Council.

(*b*) The resident spends at least half of the minimum required time in each category of training in institutions approved by the Council.

8. Foreign residencies must satisfy the American Board of Orthopaedic Surgery.

9. Application for approval of the training facilities of any institution must be made to the Council on Medical Education and Hospitals of the American Medical Association, and inspection of such facilities is made by representatives of the Council. Final approval is a joint function of the Council and the American Board of Orthopaedic Surgery.

IX. Requirement of Resident Orthopedic Training

1. Institutions approved for full three year programs including all parts of the training requirements may integrate all parts so that they are given concurrently.

2. Institutions now approved for less than three years of orthopedic resident training should arrange with other approved institutions to provide complete three year programs for all residents. It is planned that such desirable complete programs, with their participating institutions, will be listed separately.

3. The minimum requirements of resident orthopedic training are as follows:

(*a*) One year of training in adult orthopedic surgery.

(*b*) Six months of training in the basic sciences.

(*c*) Six months of training in fracture surgery.

(*d*) One year of training in children's orthopedic surgery or, if elected, an additional year of training in adult orthopedic surgery and fracture training in place of training in children's orthopedic surgery.

4. Candidates who elect an additional year of training in adult orthopedic and fracture surgery instead of a year in children's orthopedic surgery may satisfy the requirements by taking the additional year of training in adult orthopedic surgery or six months of adult orthopedic surgery and six months of fracture surgery, but may not take the entire year of training in fracture surgery.

5. Training in adult and children's orthopedic surgery must include observation and first hand experience in diagnosis, treatment, operative and postoperative care of orthopedic problems.

6. Training in fracture surgery must include observation and first hand experience in diagnosis, treatment, operative and postoperative care of recent and old fractures.

7. Training in the basic sciences must instill a sound knowledge of anatomy, pathology, physiology, bacteriology and biochemistry as these basic sciences apply to orthopedic surgery.

8. Candidates may complete the training requirements by training in several approved institutions provided that all the aforementioned minimum requirements are satisfied on approved services.

9. No training period of less than six consecutive months in one institution may be credited toward resident training requirements, except a few short courses on the board's approved list and recognized supplementary services of approved institutions.

10. Candidates in resident training may not engage in private practice.

11. Candidates in resident orthopedic training must receive their training in institutions and may not receive credit for time spent assisting in private office practice, which is considered as preceptorship training.

12. Candidates trained on accelerated programs during the war years are credited with one year of training for each nine months' residency on established accelerated programs.

X. Requirements of Preceptorship Training

1. The preceptor must possess certification by the American Board of Orthopaedic Surgery.

2. The practice of the preceptor must be extensive enough to give the candidate experience in all phases of orthopedic practice.

3. The preceptor must devote special periods of time each week, outside of the routine hours employed in hospitals and office practice, to assist the candidate with organized courses of study similar to those received during resident training.

4. If facilities and instruction in the related basic sciences are not available, the candidate must spend a minimum of six months as a student in an institution approved for basic science training in orthopedic surgery.

5. The candidate must train as a full time assistant to the preceptor and may not maintain a separate office or engage in individual practice.

6. The minimum training period in orthopedic surgery under the preceptorship program is five years, after which time the candidate may file application for Part I examinations.

7. The minimum practice period required for candidates trained under the preceptorship program is five years, after which time the candidate may file application for Part II examinations. This makes a minimum total of 10 years from the start of orthopedic training to eligibility for Part II examinations.

8. The practice period may be satisfied in individual private practice or in assistantship or partnership as desired by the candidate.

9. Candidates who combine preceptorship training with approved resident training receive credit for the preceptorship portion of their training only if it totals a minimum of two years. Two years of preceptorship training are credited as the equivalent

of one year of resident credit. The practice period requirement is likewise evaluated so that three years of practice are required if the candidate submits two years of preceptorship and two years of resident training, and four years of practice are required if four years of preceptorship and one year of resident training are submitted.

XI. Sequence of Examinations and Practice Requirements

1. No person may take Part II examinations until after successful completion of Part I examinations.

2. Successful completion of Part I examinations in no way obligates the board to declare a candidate eligible for Part II examinations.

3. Regardless of how extensive or prolonged a practice a candidate may have had prior to completing the training requirements, such time may not be credited toward practice requirements. All practice requirements must be satisfied subsequent to completion of training requirements.

4. Candidates may not be admitted to examinations on the basis of prolonged practice but must qualify on the basis of formal training in one of the categories previously detailed.

XII. Practice Requirements

1. Candidates must maintain high ethical and professional standards.

2. Candidates must strive to increase their scientific knowledge.

3. Candidates must limit their practice to orthopedic surgery.

4. Candidates who have had no approved training in children's orthopedic surgery must confine their practice to fracture and adult orthopedic surgery.

5. Candidates trained in resident orthopedic training are required to complete a minimum of two years of orthopedic practice subsequent to the completion of their formal training before becoming eligible for Part II examinations.

6. Candidates in private or institutional practice must spend a minimum of 14 months in one locality immediately prior to application in order that practice may be properly evaluated.

7. Candidates employed full time in institutions may satisfy practice requirements by serving a minimum of two years, but minimum requirements may not be satisfied by mixing full-time institutional work with preceding or subsequent time in private practice.

8. Candidates trained by preceptorship are required to complete a minimum of five years of orthopedic practice before becoming eligible for Part II examinations. The practice period may be independent of the preceptor.

XIII. Method of Examination

1. Part I examinations consist of a written examination and oral examinations. Material covered includes fundamental surgical principles, elementary fracture and orthopedic procedures, history-taking and physical examinations as well as those parts of anatomy, pathology, physiology and biochemistry related to orthopedic surgery. The oral examinations consist of five parts: (*a*) anatomy, (*b*) pathology, (*c*) physiology and biochemistry, (*d*) surgery and (*e*) fractures and orthopedic surgery.

2. Part II examinations consist of a written examination and oral examinations. Material covered includes advanced work in all phases of orthopedic surgery. The oral examinations consist of five parts: (*a*) anatomy, (*b*) pathology, (*c*) children's orthopedic surgery, (*d*) fractures and (*e*) adult orthopedic surgery.

3. Candidates who have not had approved training in children's orthopedic surgery will not be examined in that branch of orthopedic surgery.

4. Candidates are notified by letter as to whether they passed or failed in the examinations. No information regarding results is available until such letters are mailed.

5. Results of integral parts of examinations are not available to either candidates or diplomates of the board.

6. Candidates who have passed Part I examinations are required to take Part II examinations within a 10 year subsequent period. If there is a lapse of more than 10 years, candidates must repeat Part I examinations and must then become eligible by the requirements then in force.

XIV. Reexaminations

1. Applicants who fail to pass Part I or Part II examinations may be reexamined a second or third time in each Part, but must pay the prescribed examination fee each time of reexamination.

2. Applicants who fail to appear for second and, if necessary, third reexaminations within three years after first failure must submit new applications with the appropriate fees.

3. After three successive failures in Part I or Part II examinations, applicants must present evidence of additional orthopedic training satisfactory to the board before submitting new applications.

XV. Military Service

1. Medical officers who have elected service in the military forces as their life careers compete for certification on the same basis as do doctors in civilian practice.

2. Doctors who served for a minimum of one year in the military forces during the war years, between Jan. 1, 1941, and July 1, 1946, are granted a bonus of one year of practice credit, provided that the same time is not used for resident training credit.

3. Applicants who served in military hospitals whose service is judged by the board to have been equal to that of approved resident orthopedic training, and who were on such service for a minimum of one year between Jan. 1, 1941, and July 1, 1946, may be granted credit for one year of resident orthopedic training, provided that the same time is not used for practice credit. Applicants requesting such credit must submit completed "Record of Professional Assignments" booklets with their applications.

4. No applicant may be granted more than one year of resident training credit and one year of practice credit for military service during the war years.

5. After July 1, 1946, credit for orthopedic training must have been or must be obtained by assignment as residents in military hospitals on the approved list for resident orthopedic training, the same as in civilian life.

6. Medical officers assigned to civilian institutions on the approved list for resident orthopedic training receive the same credit as do civilian candidates.

7. Medical officers who have elected service in the military forces as their life careers must satisfy the practice requirements by military assignments in which their duties are limited to the practice of orthopedic surgery.

XVI. Records of Surgical Cases and Inspections

1. Records of a specified number of consecutive surgical cases may be requested by the board in order to evaluate properly the work of an applicant.

2. A representative of the board may visit a community in order to evaluate properly the work of an applicant.

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GENERAL REQUIREMENTS

The following general qualifications of candidates for examination are required by the board:

1. A candidate must have been a citizen of the United States or the Dominion of Canada for three years or more.

(*a*) A candidate must have been a graduate five years or more of a medical school approved by the Council on Medical Education and Hospitals of the American Medical Association.

(*b*) A candidate must be of known good moral character and be ethical in his professional relationships.

(*c*) A candidate trained in a foreign country must be able to give proof of medical and graduate training comparable to the requirements of the Board.

(*d*) A candidate from the United States or the Dominion of Canada must be a member of the American Medical Association or of the Canadian Medical Association respectively or other such medical societies of equal standing as are recognized by the Council on Medical Education and Hospitals of the American Medical Association.

2. Candidates from foreign countries, who have received their training in otolaryngology in the United States are eligible for examination at the discretion of the board, providing they show proof that they are permanent residents and citizens of their respective foreign countries and provided they meet the general academic requirements of the board.

SPECIAL REQUIREMENTS

1. A candidate must have had a general internship, of at least one year, in a hospital approved by the Council on Medical Educations and Hospitals of the American Medical Association.

2. A candidate must be proficient in the applied basic sciences, fundamental to the intelligent practice of otolaryngology. These include anatomy of the ear, nose and throat, neck, chest, esophagus and nervous system, gross pathology and histopathology, bacteriology, physiology, didactic otolaryngology and the general fundamentals of surgery. (This requirement may be fulfilled in a residency or fellowship service or in an approved organized postgraduate course.)

3. In addition to the general internship, the required clinical training in otolaryngology may have been acquired in any of the following ways:

(*a*) A three years' residency or fellowship in otolaryngology approved by the Council on Medical Education and Hospitals of the American Medical Association.

(*b*) A four years' residency or fellowship in otolaryngology and ophthalmology approved by the Council on Medical Education and Hospitals of the American Medical Association, provided one half of the training has been in otolaryngology.

(*c*) A two years' residency or fellowship in otolaryngology or a three years' combined residency or fellowship in otolaryngology and ophthalmology, approved by the Council on Medical Education and Hospitals of the American Medical Association, provided this be preceded by at least one year's residency training in surgery or medicine, or by an additional year in an approved internship.

4. At least one year must be spent in private, group or institutional practice of otolaryngology following the period of special training.

5. A candidate may be qualified for examination, at the discretion of the American Board of Otolaryngology, if in addition to the General Requirements and Special Requirements, no. 1 and 2, he has limited his practice to otolaryngology for seven years in association with a hospital staff approved by the Council on Medical Education and Hospitals of the American Medical Association.

6. In exceptional circumstances certain candidates who cannot meet all of the above requirements may be accepted for examination, on recommendation of the Credentials Committee, substantiated by action of the board.

7. A limited certificate in one of the subspecialties of otolaryngology may be issued, at the discretion of the board, to an exceptionally well qualified individual, in the special field in which the certificate is desired.

All candidates must comply with current board regulations, regardless of the time of filing application.

APPLICATION AND FEES

1. Application must be made in duplicate on special blanks procured from the secretary. The completed application blanks must be returned to the secretary, together with the other required credentials, at least 120 days in advance of the examination at which the candidate desires to appear.

2. The applications must be accompanied by two small photographs of the candidate, together with verification of the period of enrolment from the institutions where training in otolaryngology was obtained, and the names of two or more otolaryngologists, preferably diplomates of the board, from the vicinity of the candidate's place of residency, to be used as references.

3. The fee for the examination is $150, no part of which is returnable. Of this sum $25 must accompany the application. No application will be acted on until the $25 application fee is received. The balance of the fee—$125—must be paid to the secretary on notification that the candidate has been accepted before an appointment is given for an examination. A re-examination fee of $75 is required of candidates conditioned in one or more subjects.

4. The fees have been carefully computed on a basis of cost of examinations and are used entirely for administrative expenses. Examiners serve without compensation other than actual expense.

5. The application remains valid for three years. An applicant must appear for examination within this time or forfeit the fee.

6. Candidates whose credentials have been found satisfactory and who meet the requirements of the board will be notified 90 days prior to the date of examination. The number of candidates who can be admitted to any one examination is limited. Due to a large number of applications on file, delay in assignment for examination may be inevitable. Appointments will be given in the order applications are accepted and on payment of the balance of the examination fee.

7. The board, acting as a committee of the whole, reserves the right to reject an applicant for any reason deemed advisable and without stating the same, and the action of the board shall be final.

EXAMINATION

Examinations will be held at such time and place as the judgment of the board may dictate. Advance notice of examinations will be given in THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION and the several special journals devoted to otolaryngology. Insofar as is possible these will be held biannually at, or near, the time and place of meeting of the American Medical Association, or special societies, and of the American Academy of Ophthalmology and Otolaryngology. The examinations cover from two to four days.

Scope.—This examination encompasses all phases of otolaryngology and peroral endoscopy, including maxillofacial surgery, and surgery of the neck, excluding the thyroid.

The type of examination is as follows:

1. Clinical, covering the actual handling of patients, including history taking, physical and functional examinations, the use of laboratory and x-ray findings and a discussion of differential diagnosis.

2. Didactic, oral examinations covering all phases of otolaryngology.

3. Gross and microscopic pathology.

4. A written examination may be included when the board deems this advisable.

REEXAMINATION

A candidate who is conditioned in examination may be admitted to a subsequent examination after one year and within the three year period dating from his application, on payment of an additional fee of $75 and 120 days' notice of intention to appear is required.

Candidates who have failed in the examination may be accepted for reexamination on recommendations of the Credentials Committee. Satisfactory evidence of further study and progress will be required. A new application must be filed. The fee for reexamination for such candidates is $150, $25 of which must accompany the application. The balance of the fee, $125, will be due on notification of acceptance.

CERTIFICATION

1. A certificate granted by the board does not of itself confer or purport to confer any degree or legal qualifications, privileges or license to practice otolaryngology, nor does the board intend or attempt in any way to interfere with or limit the professional rights and activities of any duly licensed physician. Its aim is to improve the standards of practice of otolaryngology and to certify as specialists those who voluntarily comply with its requirements and regulations.

2. The final action of the board is based on the candidate's ethical and professional record, training and attainments, as well as on the results of his formal examinations.

AMERICAN BOARD OF PATHOLOGY

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A. GENERAL REQUIREMENTS

1. Satisfactory moral and ethical standing in the profession.

2. License to practice medicine or a certificate of the National Board of Medical Examiners.

3. Membership or associate membership in the American Medical Association or membership in a national society acceptable to the board by citizens of the United States. (At present, these include American Association of Pathologists and Bacteriologists, American Society of Clinical Pathologists, American Medical Association, or American Society for Experimental Pathology.) For citizens of other countries, membership in a national medical society of that country is required.

4. The applicant must devote his time primarily and principally to the practice of pathology.

B. PROFESSIONAL EDUCATION

1. Graduation from a medical school in the United States approved by the Council on Medical Education and Hospitals of the American Medical Association, or graduation from a medical school in other countries acceptable to the board.

C. SPECIAL TRAINING AND EXPERIENCE

1. The board admits candidates to examinations who are otherwise eligible and who have had either of two following types of training and experience.

(*a*) After five years, if four of the five years have been in institutions approved by the Council on Medical Education and Hospitals of the American Medical Association or by the board; or

(*b*) After eleven years if none of the training and experience has been in institutions so approved.

2. The specific requirements for those acceptable after five years are as follows:

(*a*) Pathologic anatomy only.

(1) Four years of supervised study and training in an institution approved for residency training in pathologic anatomy by the Council on Medical Education and Hospitals of the American Medical Association or by the board. It is immaterial whether the candidate holds the title of resident or fellow or assistant. Candidates may, at their own election, substitute not to exceed twelve months of a straight or rotating clinical internship or a fellowship or instructorship in any of the preclinical departments of a university for one of the four years. In addition, time, not to exceed twelve months, spent in a department of pathology of an approved school of medicine after the completion of the second year of undergraduate study may be counted for full credit toward the four years.

(2) One additional year which may be a continuation of the preceding or may be independent practice of pathologic anatomy in a hospital approved by the American Medical Association or other institutions acceptable to the board.

(*b*) Clinical pathology only.

(1) Four years of supervised study and training in an institution approved for residency training in clinical pathology by the Council on Medical Education and Hospitals of the American Medical Association or by the board. It is immaterial whether the candidate holds the title of resident or fellow or assistant. Candidates may, at their own election, substitute not to exceed twelve months of a straight or rotating clinical internship or a fellowship or instructorship in any of the preclinical departments of a university, for one of the four years. Candidates holding also a master's or doctorate degree in a special field of clinical pathology (bacteriology, serology, chemistry, parasitology or hematology) may obtain time credit for not more than twelve to twenty-four months toward the four years for this work, regardless of whether it was taken before or after the medical degree. The evaluation of time credit will depend on how much of the broad field of clinical pathology was covered in the graduate work.

(2) One additional year which may be a continuation of the preceding or may be independent practice of clinical pathology in a hospital approved by the American Medical Association or other institutions acceptable to the board.

(*c*) Pathologic anatomy and clinical pathology.

(1) Four years of supervised study and training divided as follows:

(*a*) Two years of supervised study and training in pathologic anatomy as outlined in the preceding paragraph 2-(*a*)-(1).

(*b*) Two years of supervised study and training in clinical pathology as outlined in the preceding paragraph 2-(*b*)-(1). Candidates declared eligible before July 1, 1953, may at their own election substitute one year (twelve months) of a straight or rotating clinical internship for one year of this special train-

ing in clinical pathology. After July 1, 1953, all candidates applying for both pathologic anatomy and clinical pathology will be required to have two years of supervised training in clinical pathology.

(2) One additional year which may be a continuation of the preceding or may be independent practice of both pathologic anatomy and clinical pathology in a hospital approved by the American Medical Association or other institutions acceptable to the board. After July 1, 1953, candidates who elect to claim credit for one year for a clinical internship must take this fifth year as supervised study and training in clinical pathology in institutions approved for residency training in clinical pathology by the Council on Medical Education and Hospitals of the American Medical Association or by the board. Candidates declared eligible after July 1, 1953, who do not take a clinical internship, may, after four years of training as outlined in 2-(1)-(*a*) and (*b*), spend the fifth year in independent practice in an institution or laboratory acceptable to the board.

NOTE.—As outlined in the preceding paragraphs, the total time requirements of the board are unchanged after July 1, 1953, namely, five years of study or practice after graduation from medical school, with exceptions noted in sections 2-(*a*)-(1) and 2-(*b*)-(1).

3. The specific requirements for those acceptable after eleven years are as follows:

(*a*) The practice of pathology under circumstances acceptable to the board for a period of not less than eleven years. At the election of the candidates, a period not to exceed one year of straight or rotating clinical internship may be substituted for one of the eleven years. For those candidates in this category who have had some special study and training in pathologic anatomy or clinical pathology acceptable under paragraphs 2-(*a*), (*b*) or (*c*), double time credit will be allowed. Thus, if a person has two years of acceptable supervised study and training, only seven years of practice are required.

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D. SPECIAL QUALIFICATIONS

1. Prior to Dec. 31, 1947, the board at its discretion certified candidates without examination, if the following conditions were met as of July 1, 1939:

(*a*) That the candidate has been for a period of five years of professional rank in a department of pathology in an approved medical school; or

(*b*) That the candidate had been practicing pathology for ten years in a senior position in a hospital having an adequate department of pathology, approved by the Council on Medical Education and Hospitals of the American Medical Association or in an institution acceptable to the board.

CREDIT FOR MILITARY SERVICE

Credit may be allowed for training and experience in pathology in the federal services during the period July 1, 1940, to June 30, 1947. This credit for training or experience or both is given on an individual basis and will depend on the opportunity the applicant has had, as indicated by his or her medical service record in the specialty of pathology.

After July 1, 1947, credit for those military services will be given on the same basis as it is in civilian institutions, except that the rule in the preceding paragraph will not apply to reserve officers who continue on active duty or are called to active duty after that date.

SUBSPECIALTIES OF PATHOLOGY

(IN FORCE AFTER JULY 1, 1948)

Candidates who have met all general requirements and who have successfully passed the examination in pathologic anatomy and clinical pathology may apply for special designation of a subspecialty of pathologic anatomy or clinical pathology. The board, at its discretion, may approve this application, and after the candidate has successfully passed a prescribed examination, will issue a certificate designating the subspecialty, reading "Pathologic Anatomy (Neuropathology)," "Clinical Pathology (Clinical Bacteriology)," etc.

Candidates who have met all general requirements and who have had five years of special training and experience in a special field of pathology which is acceptable to the board may apply to the board for certification in that special field. The board, at its discretion, may approve this application, and after the candidate has successfully passed a prescribed examination, will issue a certificate reading "Neuropathology," "Clinical Bacteriology," etc.

APPLICATION BLANK AND FEE

Application must be made on the special form which may be procured from the secretary and forwarded with other required credentials and the application fee. An application cannot be given consideration by the board unless it is accompanied by the application fee.

The application or examination fee for candidates is $50. If the candidate fails in his examination he will be admitted to a second examination after one year, but not later than three years, without additional fee. After two reexaminations, the applicant must file a new application and pay an additional fee before a fourth examination will be given.

The application fee of $50 has been determined after careful consideration and is based on actual estimates of the expenses of examination and administration. None of the board members receive any compensation for their services except actual expenses incurred.

If the applicant, for any reason, is deemed ineligible for examination by the board, his fee will be returned; however, the application fee is not returnable after the candidate has officially been accepted for examination and notified to report for the examination.

EXAMINATIONS

Written and oral examinations will be held at the discretion of the board at or near the time and place of national medical meetings. If a number of applications from any region of the country are received, an examination in conjunction with a national medical meeting in that section will be arranged so that the financial outlay of the applicant in meeting the examiners will be as small as possible.

The examinations are to be based on the broad principles of pathology with emphasis on diagnosis, interpretation and technic. The applicant may apply for certification in either pathologic anatomy or clinical pathology or both.

The examinations in pathologic anatomy consist of a written test, an oral examination on gross pathology and a practical examination in microscopic pathology. The examination in clinical pathology consists of a written test and an oral and practical examination in the six phases of clinical pathology: bacteriology, hematology, clinical chemistry, parasitology, serology and clinical microscopy.

DEFINITIONS

1. Pathologic anatomy is that branch of pathology which deals with the morphologic aspects of disease, recognition being given that that definition covers two phases of pathology.

(*a*) The applied phase with special attention to the description and diagnosis of gross and microscopic specimens.

(*b*) The academic phases of teaching and general morphologic diagnosis.

2. Clinical pathology is that branch of pathology which deals with bacteriology, immunology, clinical chemistry, parasitology, hematology, endocrinology and clinical microscopy, the application of the physical and biologic sciences to the diagnosis, prognosis and treatment of disease.

BOARD NOT AN EDUCATIONAL INSTITUTION

The board is in no sense an educational institution and the certificates of the board are not to be considered degrees. Therefore, the certificate does not confer on any person legal qualifications, privileges, or license to practice medicine or the specialty of pathology. The board does not purport in any way to interfere with or limit the professional activities of any licensed physician. Its chief aim is to standardize the qualifications for the specialty of pathology and to issue certificates to those voluntarily complying with the requirements of the board.

CRITERIA FOR APPROVAL OF INSTITUTIONS FOR TRAINING IN PATHOLOGY

In Sections C-2-a, C-2-b, and C-2-c of the General Requirements, it is stated that candidates must have certain periods of supervised study and training. The American Board of Pathology, in cooperation with the Council on Medical Education and Hospitals of the American Medical Association, certifies hospitals in the United States as satisfactory for this supervised study and training. Lists of these hospitals are published in the Internship and Residency Number of THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION each year. In addition, the American Board of Pathology recognizes certain hospitals outside the United States and certain laboratories not connected with hospitals in the United States. Inquiries concerning these should be directed to the Secretary of the Board.

The general criteria for approval of hospitals and laboratories are both qualitative and quantitative. On the score of quality, consideration is given to the qualifications of the Director of Laboratories and the associates and assistants, the supervision of work of the person in training, the excellence of the educational program, and the exactness and completeness of the laboratory work performed. On the score of quantity, consideration is given to the volume and distribution of laboratory work, both in absolute numbers and in relation to the size of the hospital, to the diversity and completeness of tests performed, to the size and equipment of the laboratory, and to the number of professional and nonprofessional personnel in relation to the volume of work.

In general, the qualitative standards will determine whether or not a hospital or laboratory is approved, and the quantitative standards will determine whether the approval is for 1, 2, 3 or 4 years of credit toward the requirements of the board.

In evaluation of applications the board takes into consideration the following criteria:

1. Director of laboratories or pathologist:
   (*a*) It is required that the responsible head of the laboratory hold the certificate of the American Board of Pathology in the subject for which the hospital is approved, or be eligible for certification, and that he or she spend full time in the hospital. Full time is not interpreted in terms of hours, but rather that the director have no obligation outside the one approved hospital except in a university department of pathology where he and the residents have an opportunity to participate in the educational program;
   (*b*) In special instances, the equivalent of full time by two or more qualified individuals will be accepted and one person need not spend the entire working day in the laboratory;
   (*c*) In special instances, two or more hospitals will be approved as a unit with a single full-time director of laboratories if it is apparent that a satisfactory training program can be conducted;
   (*d*) In hospitals with over 350 beds, it is expected that the professional staff, in addition to the pathologist, will include one or more persons with special training and qualifications in the subspecialties of clinical pathology.
2. Technicians:
   There are no absolute criteria, but it is expected that the number of technicians will be proportional to the volume of laboratory work and that, insofar as possible, the technicians will hold the certificate of the Registry of Medical Technologists of the American Society of Clinical Pathologists.
3. Floor space of laboratory:
   In general, it is believed that the size of the laboratory should be related to the size of the hospital and the volume of laboratory work. A minimal ratio is 4 square feet of space in the laboratory, including morgue and autopsy room, for each bed in the hospital.
4. Equipment for the laboratory:
   The variety and completeness of laboratory tests performed depends on the size of the hospital. In all hospitals there should be facilities for the more common tests in clinical pathology, for study of surgical specimens, and for performance of autopsies. In larger hospitals, the variety of tests performed should be larger and in hospitals with over 500 beds all recognized laboratory procedures should be available for study and treatment of the patients.
5. Autopsy percentage:
   No institution with a percentage of less than 15 will be approved, and those institutions with percentages between 15 and 40 will be given special scrutiny.
6. Examination of surgical specimens:
   All surgical specimens should be sent to the laboratory for gross examination, and microscopic examinations should be made unless there are general or special reasons not to do so.
7. Indices:
   There should be indices according to the names of the patients and the diagnoses of all surgical and autopsy material. Indices of clinical pathology are left to the discretion of the hospital.
8. Museum:
   There should be available fixed anatomic and pathologic specimens for study by the staff in proportion to the size of the hospital. Properly filed and indexed color photographs may in part be substituted for museum specimens.
9. Library:
   A reasonably complete library of modern books and recent unbound and bound journals should be available to the hospital, and the more commonly used books and journals should be on hand in the laboratory.
10. Educational program:
    The work of the person in training should be supervised. Conferences, seminars, journal clubs, and demonstrations should be conducted as frequently as the volume of material and the size of the staff justifies. A clinicopathologic conference must be held at least every 2 weeks.
11. Volume of laboratory work:
    (*a*) As indicated in the following categories, no hospitals with less than 75 autopsies, 1,000 surgical specimens, and 25,000 tests in clinical pathology annually will be approved (Category D), except as outlined in the following paragraphs. It is the belief of the board that less material than this is inadequate for the training of a pathologist.
    (*b*) In the field of clinical pathology, there should be a reasonable diversification of tests and in each category there should be sufficient absolute volume to provide training and experience. There are no absolute criteria, but special scrutiny will be given to a hospital in which there is not a reasonable diversification and variety.
    (*c*) In the field of pathologic anatomy, a deficiency in either autopsies or surgical specimens may be made up by an excess of the other, if the deficiency does not exceed 20 per cent of the minimum required in the ratio of 1 autopsy to 75 surgical specimens. Thus in a hospital approved for one year in pathologic anatomy and clinical pathology, the minimums are 75 autopsies and 1,000 surgical specimens. If a hospital has 2,500 surgical specimens, it is acceptable if there are only 60 autopsies.

If a hospital has met these minimal qualitative and quantitative standards, it will then, on the basis of the following quantitative standards, be approved for 1, 2, 3 or 4 years of training in pathologic anatomy, or clinical pathology, or both, or some special field as shown for the number of residents indicated.

CATEGORY A. In both pathologic anatomy and clinical pathology for 4 years (as required of all candidates seeking certification in both fields who are examined after July 1, 1952).

Minimum: 150 autopsies, 1,750 surgical specimens, and 65,000 tests in clinical pathology for 4 residents. Additional resident for each 50 autopsies or 500 surgical specimens, or 20,000 tests in clinical pathology.

CATEGORY B. In both pathologic anatomy and clinical pathology for 3 years. This meets all requirements of the board for supervised training until July 1, 1952. Candidates examined after that date who seek certification in both subjects must take an additional year of supervised training in clinical pathology or pathologic anatomy, in another hospital, which is approved for the deficiency of training required.

Minimum: 125 autopsies, 1,500 surgical specimens and 50,000 tests in clinical pathology for 3 residents. Additional resident for each 50 autopsies, 500 surgical specimens, or 20,000 tests in clinical pathology.

CATEGORY C. In both pathologic anatomy and clinical pathology for 2 years. Candidates taking two years in these institutions must have an additional year (2 years after July 1, 1952) in an institution in category A, B or D.

Minimum: 100 autopsies, 1,250 surgical specimens, and 40,000 tests in clinical pathology for 2 residents. Additional resident for each 50 autopsies, or 500 surgical specimens, or 20,000 tests in clinical pathology.

CATEGORY D. In both pathologic anatomy and clinical pathology for 1 year. Candidates taking training in these institutions must have an additional 2 years (3 years after July 1, 1952) in institutions which are approved for the deficiency of training required.

Minimum: 75 autopsies, 1,000 surgical specimens, and 25,000 tests in clinical pathology for 1 resident. Additional resident for each 50 autopsies, or 500 surgical specimens, or 20,000 tests in clinical pathology.

CATEGORY E. In pathologic anatomy only, for 3 or more years. Candidates taking all training in these institutions will not be eligible for certification in clinical pathology unless an additional year (2 years after July 1, 1952) is taken in clinical pathology in institutions which are approved for the deficiency of training required.

Minimum: 175 autopsies and 1,500 surgical specimens for 3 residents. Additional resident for each 50 autopsies or 500 surgical specimens.

CATEGORY F. In pathologic anatomy only, for 2 years. Candidates taking training in these institutions will not be eligible for certification in clinical pathology unless they take one additional year full time in clinical pathology (2 years after July 1, 1952) in institutions which are approved for the deficiency of training required, and will be eligible in pathologic anatomy only if another year is taken in another institution which is approved for one or more years in pathologic anatomy.

Minimum: 125 autopsies and 1,250 surgical specimens for 2 residents. Additional resident for each 50 autopsies or 500 surgical specimens.

CATEGORY G. In pathologic anatomy only, for 1 year. Candidates training in these institutions will not be eligible in both pathologic anatomy and clinical pathology unless they take an additional year in pathologic anatomy and an additional year (2 years after July 1, 1952) in institutions which are approved for these periods of training. Candidates seeking certification in pathologic anatomy only must study an additional 2 years in institutions which are approved for that period of training.

Minimum: 75 autopsies and 1,000 surgical specimens for 1 resident. Additional resident for each 50 autopsies or 500 surgical specimens.

CATEGORY H. For postmortem part of pathologic anatomy for 2 years. Credit is never allowed for more than 2 years. Candidates taking training in these institutions may pursue further training as follows: 1. For pathologic anatomy only. An additional year in an institution in Category A, B, C, E, F or G with assignment to surgical pathology principally. 2. For pathologic anatomy and clinical pathology. An additional year (two years after July 1, 1952) in an institution in Category A, B, C, L, M or N with assignment to clinical pathology and ½ year assigned to surgical pathology principally, in an institution in Category A, B, C, or J.

Minimum: 125 autopsies for 2 residents. An additional resident for each 60 autopsies.

CATEGORY I. For postmortem part of pathologic anatomy for 1 year. Candidates taking training in these institutions may pursue further training as follows: 1. For pathologic anatomy only. An additional two years in an institution in Category A, B, C, E, F or G with general assignments. 2. For pathologic anatomy and clinical pathology. An additional year (2 years after July 1, 1952) in an institution in Category A, B, C, L, M or N with assignment to clinical pathology and 1 year to an institution in Category A, B, C, E, F or G.

Minimum: 75 autopsies for 1 resident.

CATEGORY J. Surgical pathology part of pathologic anatomy for 1 year. Credit is never allowed for more than 1 year and the director of the laboratory must hold the certificate of the American Board of Pathology in pathologic anatomy or be eligible for certification. Candidates training in these institutions may pursue further training as follows: 1. For pathologic anatomy only. An additional 2 years in an institution in Category H or in an institution of Category A, B or C with assignment to postmortem pathology only. 2. For pathologic anatomy and clinical pathology. An additional year (2 years after July 1, 1952) in an institution in Category A, B, C, L, M or N with assignment to clinical pathology full time, and an additional year to an institution in Category A, B, D, E, F, G or H with assignment to postmortem pathology full time.

Minimum: 2,000 surgical specimens for 1 resident. An additional resident for each 1,000 surgical specimens.

Category K. Special pathology as part of pathologic anatomy. Credit for not to exceed ¼ the time credit (1 year if seeking certification in pathologic anatomy only, 6 months if seeking both pathologic anatomy and clinical pathology) of candidates applying in pathologic anatomy may be taken in special laboratories with limited activities such as neuropathology, orthopedic pathology, ophthalmic pathology, etc. The candidate who receives credit in this category may, on request, have the field of special pathology designated on the certificate of the board.

CATEGORY L. Clinical pathology for 3 or more years. Candidates taking 3 years of training in these institutions will not be eligible for pathologic anatomy unless they take an additional 2 years in institutions approved for pathologic anatomy.

Minimum: 100,000 tests in clinical pathology for 3 residents. Additional resident for each 50,000 tests.

CATEGORY M. Clinical pathology for 2 years. Candidates taking two years' training in these institutions must take the same additional training as in Category L to be eligible for pathologic anatomy also. To be eligible for clinical pathology only, an additional year of clinical pathology must be taken in an approved institution.

Minimum: 75,000 tests in clinical pathology for 2 residents. An additional resident for each 50,000 tests.

CATEGORY N. Clinical pathology for 1 year. Candidates taking training in those institutions must take an additional 2 years in an institution in Category A, B, C, L or M assigned to clinical pathology for eligibility in clinical pathology only. To be eligible in pathologic anatomy and clinical pathology, an additional 2 years in approved institutions is required.

Minimum: 50,000 tests in clinical pathology for 1 resident.

CATEGORY O. Special clinical pathology as part of clinical pathology. Candidates applying for clinical pathology only may receive credit for not in excess of ¼ of the training period (1 year if seeking certification in clinical pathology only, six months if seeking both pathologic anatomy and clinical pathology) for work in a special field of clinical pathology, such as bacteriology, serology, etc. Under these circumstances, on request, the special field will be designated on the certificate of the board.

CATEGORY P. Research: Residence in certain institutions in which full time is devoted to research with a direct application to the practice of pathologic anatomy or clinical pathology may be accepted for credit not to exceed one-third the time requirement (20 months if no clinical internship, 16 months if a clinical internship was taken). The board encourages research and believes that all candidates should carry on investigation during their training in all institutions. Therefore, this category is only for those wishing to do full time research.

AMERICAN BOARD OF PEDIATRICS

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REQUIREMENTS FOR CERTIFICATION [1]

All candidates for examination for certification must meet the following requirements:

1. Graduation from an approved medical school.

2. One year of rotating, pediatric or other internship in an approved hospital.

3. Two years of specialized residency-type training in an approved pediatric center.

On May 1, 1946, it was ruled that at least one year of the two years of required residency training must be a full time pediatric in-patient residency or internship in an approved institution. Because of the shortage of residencies, the board at this time voted that "temporarily" the second year of required residency training might be met in the ways listed below, although the board recommends that whenever possible candidates complete the two years as regular residents.

(*a*) All applicants admitted to approved graduate or postgraduate courses in pediatrics on or after July 1, 1950, shall receive residency training credit for that number of months actually spent in full time attendance at such courses, in excess of three months and up to a maximum of twelve months. No credit shall be granted for part time graduate or postgraduate courses. Courses of less than three months are credited only under special circumstances.

(*b*) A maximum of three months' credit each is allowed for full time residency type training in allied pediatric subjects, such as pediatric allergy, pediatric psychiatry, pediatric pathology, pediatric cardiology and newborn service, etc.

(*c*) A maximum of six months' credit is allowed for residency training in an approved contagious disease hospital.

4. A subsequent term of two years of specialized study or practice or a combination of the two. Credit for one year toward this requirement is allowed for medical military service regardless of the assignment. Credit in excess of one year may be granted if the medical officer is engaged in full-time pediatrics, or may be prorated if a considerable proportion of time is spent in pediatrics. It must be noted, however, that the maximum credit that any candidate may receive toward the practice requirement for work done prior to the completion of residency training is one year.

Attention is invited to the fact that the primary duty of the resident must be the care of patients under supervision, if full credit in satisfaction of the residency training requirement is expected. Research residencies which involve little or no clinical training are creditable for only three months. Research residencies which include significant clinical training may be prorated to a total of six months for a year of service. Teaching fellowships may not be offered in lieu of residency appointments.

Both research residencies and teaching fellowships are, of course, entirely acceptable in satisfaction of the practice or further study requirement. Portions of a research residency not applicable for residency training credit may be carried over for practice credit.

Preceptorships are not accepted for credit toward the residency requirement, but are accepted toward the practice requirement.

The board defines service in a pediatric center as full time devoted to rounded experience in an approved hospital which includes responsibility for care of patients on ward and outpatient services, experience with newborn, including prematures, and both therapeutic and preventive pediatrics. It is expected that the service will include adequate graduate training in the basic medical sciences, as well as in the clinical, laboratory and public health aspects of the specialty.

INFORMATION CONCERNING EXAMINATIONS

The examinations for certification are given in two sections: Part I is written; Part II is an oral examination.

PART I—WRITTEN

Written examinations are objective in type and are given once a year, usually in January, simultaneously at a number of places scattered throughout the country. Effective Jan. 1, 1953, candidates must pass the written examination before admission to the oral examination will be authorized. In case of failure, the written examination may be retaken at yearly intervals for a total of three times.

PART II—ORAL

Oral examinations are held four to six times each year at centers offering suitable facilities, in locations determined by proximity to the largest number of eligible candidates. One examination session each year is scheduled at a location closer to candidates from some less populous area. As far as possible, candidates are given a choice of location, taking into account date application is filed, date of eligibility and proximity to the examination site.

APPLICATION

Application must be made on special blanks which will be furnished by the executive secretary after a preliminary survey of the applicant's training. Applications may be submitted one year in advance of eligibility date, they will not be accepted earlier. The number of candidates admitted to a given written examination will be determined by the number who can be examined orally during that year, plus a reasonable number of alternates. The January, 1952, written examination list was filled by September, 1951.

FEES

The application fee is $100.00.

The full fee must be remitted with the application. Refund will be made only if the applicant is refused examination for reason other than failure in the same.

No additional fee is required for second and third written examinations. The fee for second and third oral examinations is $50.00 each.

Members of the board receive no financial recompense of any kind beyond their travel expenses to examinations and board meetings.

FAILURE IN EXAMINATIONS

As indicated above, a written examination must be passed before a candidate is eligible for oral examination. Reexaminations may be taken one and two years later. After a third failure, the situation will be reviewed by the board and a decision concerning subsequent procedure will be made.

Applicants who fail an oral examination become eligible for a second examination after a year has elapsed. After a second failure another examination will be permitted in one year. Before becoming eligible for a fourth examination a candidate must serve one year in a full-time medical inpatient residency in an approved institution. He must then reapply as a new candidate and pay a new fee.

LETTERS OF RECOMMENDATION AND BIBLIOGRAPHY

Letters from two competent pediatricians recommending each applicant must be sent to the executive secretary of the board. These letters should not accompany the application, but should be sent directly to the executive secretary. No member of the board, or official examiner, may recommend any applicant.

A list of papers or books published should be sent in with the application blank.

1. To avoid misunderstanding, the board advises all candidates to communicate with the office of the executive secretary before entering on training.

PURPOSE OF EXAMINATIONS

The purpose of these examinations is to determine the applicant's competency to practice pediatrics of high quality. Emphasis is therefore placed on practical aspects, but since good practice is founded on sound scientific data, the candidate must be prepared to demonstrate that he has a working knowledge of these basic data.

Clinical and abstract aspects of growth and development are fundamental parts of pediatric training, and about one-fourth of the oral examination is devoted to this phase of the subject. Diagnosis and treatment of disease fill another quarter, and the remainder of the examination is devoted to study and discussion of "cases."

Candidates who are admitted to the oral examination (Part II) will not be informed of their grade on the written portion. Their relative standing in Part I will, however be utilized in the final decision with regard to passing.

Candidates who fail after taking Part II will not be required to retake Part I but may be advised to do so in order that they may have an opportunity to improve a low score.

CERTIFICATE—NOT A DEGREE

Certificates granted are in no sense degrees, nor do they purport to confer on any person any legal qualification, privilege or license to practice pediatrics. Neither does the board intend in any way to limit the activities of any licensed physicians. It is merely attempting to standardize qualifications and to issue certificates to those who voluntarily comply with the requirements. Hence the fact that a physician holds a certificate of the board places no obstacle in the path of participation in community or hospital emergency coverage plans, nor does it place any restriction on holding the certificate of another board.

CERTIFICATION IN SUBSPECIALTY OF ALLERGY BY THE AMERICAN BOARD OF PEDIATRICS, INC.

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BRET RATNER, New York.
ALBERT STOESSER, Minneapolis, Minn.

The American Board of Pediatrics, Inc., has established certification in allergy as a subspecialty of pediatrics.

All candidates must pass the written and oral examinations in pediatrics before submitting an application for examination in allergy.

Each allergy application is individually considered and must be accepted by the subspecialty board.

INFORMATION CONCERNING EXAMINATIONS

Allergy examinations consist of written and oral portions. The written examination will be given once a year under a local monitor and must be passed before admission to the oral examination will be authorized. Oral examinations will be held at times and places designated by the Chairman of the Subspecialty Board. Ample notice will be sent to candidates by the executive secretary.

FAILURE IN EXAMINATIONS

As indicated above, a written examination must be passed before a candidate is eligible for oral examination. Reexaminations may be taken one and two years later. After a third failure, the situation will be reviewed by the board and a decision concerning subsequent procedure will be made.

Applicants who fail an oral examination become eligible for a second examination after a year has elapsed. After a second failure another examination will be permitted in one year. Before becoming eligible for a fourth examination a candidate must serve one year full time in a satisfactory allergy clinic and its hosptials including training in both allergy and pediatrics.

FEES

The application fee for certification in allergy will be $100.00 effective July 1, 1952.

The full fee must be remitted with the application. Refund will be made only if the applicant is refused examination for reason other than failure in the same.

No additional fee is required for second and third written examinations. The fee for second and third oral examinations is $50.00 each.

Members of the board receive no financial recompense of any kind beyond their travel expenses to examinations and board meetings.

Application forms will be forwarded on request to the office of the executive secretary and should be returned to that office when completed. All correspondence should be addressed to him.

REQUIREMENTS

1. Completion of two years of approved residency training in pediatrics.

2. Two years full time in a satisfactory allergy clinic and its hospital, including training in both allergy and pediatrics, or

3. One year full time in a satisfactory allergy clinic and its hospital, and two additional years of full attendance in a satisfactory allergy clinic and its activities, or

4. Five years attendance of not less than 300 hours per year at an allergy clinic associated with an approved medical school or in hospital clinics specifically approved for this purpose.

5. Preceptorship training alone is not acceptable. It may be utilized in combination with the methods outlined in paragraphs three and four above or with a full time formal graduate or postgraduate course in allergy to satisfy portions of the second and third years in three, or one of the five years in four.

The clinics should be in hospitals that have been accepted by the Council on Medical Education and Hospitals of the American Medical Association, and by the American Board of Pediatrics for training and certification in Pediatrics.

In general, a satisfactory allergy clinic is one which is headed by a certified allergist.

Under all methods of study, there must be presented evidence of serious work in research or clinical investigation, to demonstrate interest and industry in the study of allergy.

NATURE OF EXAMINATIONS

The candidates must expect a searching examination in both the theory and practice of allergy. This means that they must come prepared to do physical examinations on selected patients, take histories, and to discuss all details in diagnosis and treatment on the patients that have been assigned to them. In addition they may be called upon to discuss any theoretical question that the examiners may choose to bring up.

CERTIFICATE

When accepted the diplomate will receive from the American Board of Pediatrics a certificate in allergy and will be listed as a specialist in allergy.

Prospective applicants for certification in the subspecialty of allergy may apply to the executive secretary of the American Board of Pediatrics.

AMERICAN BOARD OF PHYSICAL MEDICINE AND REHABILITATION

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WILLIAM H. SCHMIDT, Vice Chairman, Philadelphia.
WILLIAM BIERMAN, New York.
DONALD A. COVALT, New York.
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O. LEONARD HUDDLESTON, Santa Monica, Calif.
A. B. C. KNUDSON, Washington, D. C.
WALTER M. SOLOMON, Cleveland.
ARTHUR L. WATKINS, Boston.
ROBERT L. BENNETT, Secretary-Treasurer, 30 North Michigan Ave., Chicago 2.

QUALIFICATIONS FOR ELIGIBILITY TO EXAMINATION FOR CERTIFICATION

Each applicant for admission to the examination shall be required to present evidence that he has met the following standards:

GENERAL QUALIFICATIONS

A. Satisfactory moral and ethical standing in the profession.

B. Membership in the American Medical Association or membership in such Canadian or other medical societies as are recognized for this purpose by the Council on Medical Education and Hospitals of the American Medical Association. (Exceptions to the foregoing qualifications shall be made by the American Board of Physical Medicine and Rehabilitation for good and sufficient reasons.)

PROFESSIONAL QUALIFICATIONS

A. Graduation from a medical school recognized by the Council on Medical Education and Hospitals of the American Medical Association.

B. Completion of an internship, preferably of the general rotating type, of not less than one year in a hospital approved by the same council.

SPECIAL TRAINING

A. A period of study after the internship of not less than three years in clinics, dispensaries, hospitals or laboratories recognized by the same Council and by the American Board of Physical Medicine and Rehabilitation as competent to provide a satisfactory training in physical medicine.

B. This period of specialized preparation shall include: (*a*) graduate training in anatomy (including kinesiology and functional anatomy), physics (including radiation physics, electronics and medical instrumentation), physiology, pathology and other basic sciences which are necessary to the proper understanding of physical medicine and rehabilitation; (*b*) an active experience of not less than two years in hospitals, clinics, dispensaries and diagnostic laboratories recognized by the Council and the American Board of Physical Medicine and Rehabilitation; (*c*) the written and oral examinations, given by the American Board of Physical Medicine and Rehabilitation, shall include questions concerning the basic sciences, clinical practice and laboratory and public health problems as related to physical medicine.

C. An additional period of not less than two years of study and/or practice in physical medicine and rehabilitation.

D. Experience comparable to specialized training. In selected cases, at the discretion of the Board, two years of specialization in physical medicine and rehabilitation may be accepted as equivalent to one year formal training.

METHOD OF EXAMINATION

The examination for certification by the American Board of Physical Medicine and Rehabilitation is given in two parts. Part I is written, Part II, oral. Part I alone may be taken after the completion of three years of approved training in physical medicine and rehabilitation. Candidates with less than three years of approved training are not permitted to take Part I alone, regardless of the number of years spent in the practice of physical medicine and rehabilitation.

The written and oral examination will cover certain aspects of the basic sciences as well as clinical physical medicine and rehabilitation.

A. The basic sciences as related to physical medicine and rehabilitation will include:

(*a*) Anatomy (including kinesiology and functional anatomy).

(*b*) Physics (including radiation physics, electronics and instrumentation).

(*c*) Physiology (including physiology of movement and physiologic effect of the various physical agents used in physical medicine and rehabilitation).

(*d*) Pathology.

(*e*) Other fundamental sciences. The applicant will be examined concerning his knowledge of such subjects as biochemistry and bacteriology as related to physical medicine and rehabilitation.

B. The clinical aspects of physical medicine and rehabilitation will include:

(*a*) Those diseases and conditions that come within the field of physical medicine and rehabilitation. These include arthritis and the various rheumatic diseases, neuromuscular diseases such as poliomyelitis, cerebral palsy, and paraplegia, and musculoskeletal diseases, including the large group of traumatic and orthopedic conditions.

(*b*) The clinical usage of such physical agents as heat, water, electricity, ultraviolet radiation, massage and exercise, etc.

(*c*) An understanding of the basic principles of physical medicine and rehabilitation and the ability to coordinate the services of such personnel as clinical psychologist, social service worker, vocational guidance worker, etc.; the ability to prescribe specifically the therapy for patients for execution by the technical and ancillary personnel in a department of physical medicine and rehabilitation.

(*d*) A knowledge of the use of associated personnel within the field of physical medicine and rehabilitation such as the physical therapist, occupational therapist, clinical psychologist, and social service worker. This knowledge must include the ability to specifically prescribe patient care for execution by these therapeutic and technical groups.

APPLICATION

The application form shall contain a record of the candidate's premedical and medical training as well as of internships, graduate study, hospital or dispensary staff appointments, teaching positions, length of time practice has been limited to physical medicine and rehabilitation, membership in medical societies, medical papers published, and the names of three well known physicians to whom the Board may write for professional and character references. Three letters of reference must be submitted with the application.

The application shall also be accompanied by one recent signed photograph of the candidate mounted on the application and the registration and examination fee of $50, which fee will cover both the written and oral examinations. (In case of rejection of application, this fee will be refunded with the exception of $15, which will be considered as a registration fee.) An additional fee of $50 will be required when the certificate is issued.

AMERICAN BOARD OF PLASTIC SURGERY

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WILLIAM MILTON ADAMS, Memphis, Tenn.
GUSTAVE AUFRICHT, New York.
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JAMES T. MILLS, Dallas, Texas.
A. NEAL OWENS, New Orleans.
CLARENCE R. STRAATSMA, New York.
BRADFORD CANNON, Secretary-Treasurer, 330 Dartmouth St., Boston 16.
ESTELLE E. HILLERICH, Corresponding Secretary, 4647 Pershing Ave., St. Louis 8.

REQUIREMENTS

GENERAL QUALIFICATIONS

1. Moral and ethical standing in the profession satisfactory to the board.

The board, believing that the practice of "fee splitting" is pernicious, leading as it does to traffic in human life, will reserve the right to inquire particularly into any candidate's practice in regard to this question.

2. Those whose activities are limited to the practice of plastic surgery.

3. This board will accept as applicants for examination only those who are full citizens of the United States or Canada. Notarized statements, not original citizenship papers, attesting to the fact of full citizenship in the United States or Canada must be furnished by foreign born applicants when the application is filed. Such candidates must have at least two years of practice in plastic surgery in North America after completing the training required by the board.

PROFESSIONAL REQUIREMENTS FOR QUALIFICATION

The board considers the requirements outlined below to be minimal in attaining its purposes, and encourages candidates to take advantage of broadening experience in other fields. Candidates must fulfill the requirements which are in force at the time of their examination and/or certification.

1. Graduation from a medical school of the United States or Canada recognized by the Council on Medical Education and Hospitals of the American Medical Association, or graduation from a foreign school considered acceptable by the board.

2. Completion of an internship of not less than one year in a hospital approved by the same Council, or what would constitute in the opinion of the board the equivalent of such training.

3. Two years of postgraduate work in general surgery beyond the intern year, as a resident or an assistant resident in an approved hospital, or a period of training gained elsewhere judged by the board to be the equivalent of such training.

4. Training in general plastic surgery (including maxillofacial surgery) in an acceptable residency [1] or preceptorship for an additional period of not less than two years, also be taken in an approved hospital,[1] or under auspices satisfactory to this board.

5. During these years of training following the internship year, a candidate must hold positions of increasing responsibility for the care and management of patients with surgical conditions. When a candidate receives his training in more than one institution, it is equally imperative that he hold positions of increasing responsibility. He must have sufficient operative experience to acquire surgical skill and judgment through the performance of surgical operations with a high degree of responsibility, but under circumstances providing adequate opportunity for consultation and advice.

6. An additional period of not less than two years of practice in plastic surgery. If a candidate elects to spend one or two additional years in approved training in plastic surgery, one year of such training will be credited toward the required two years of private practice if it can be demonstrated that the candidate held a position of increasing responsibility. It is imperative that one year be in actual private practice in such instances.

The above training may be taken as a resident in surgery and in plastic surgery in an approved hospital, or under a preceptorship offering equivalent training. By the latter statement it is meant that one may secure the necessary and specified training as an assistant to an accredited surgeon providing suitable facilities for the education of the candidate are offered.

The period of special training should emphasize the relation of the basic sciences—anatomy, pathology, physiology, biochemistry, bacteriology—to the application of surgical principles which are fundamental in all branches of surgery, and especially to plastic surgery. In addition, the candidate must understand and be trained in the following subject: the care of emergencies, shock, hemorrhage, blood replacement, electrolyte and fluid balance, choice of anesthetics, chemotherapy, acidosis and alkalosis, narcotics and hypnotics, wound healing, etc.

Because of vagaries of training, such as changes from one specialty to another, interims of military duty and other service to the country, the aptitude and skill of candidates, the board may, at its discretion, review and make recommendations for or against certification of certain applicants outside of the listed qualifications and requirements.

The board reserves the privilege of requesting lists of operations done solely by the candidate for one or more years, or of requesting special and extra examinations, written or oral and practical, and of requesting any specific data concerning the candidate that may be deemed advisable before making final decision for certification.

Eligibility rulings or an evaluation of a candidate's qualifications or training cannot be made by the secretary or by any one member of the board. Official evaluations of qualifications are made only by the Committee on Credentials and Requirements, or by the entire board where necessary, after a review of the candidate's formal application for such rulings. The applicant must allow at least four weeks for such requests to make the rounds of the committee.

1. An acceptable residency is one which has been approved by the Council on Medical Education and Hospitals of the American Medical Association.

TRAINING FACILITIES

The American Board of Plastic Surgery, in cooperation with the Council on Medical Education and Hospitals of the American Medical Association and the American College of Surgeons, evaluates training facilities in institutions providing acceptable residencies in plastic surgery. Neither the board nor its individual members can be responsible for the placing of applicants for training. The board will give no independent approval and will keep no independent list of approved residencies or preceptorships. The board will consider those residencies approved by the Council on Medical Education and Hospitals of the American Medical Association as acceptable facilities for training in plastic surgery.

For the time being, it is felt that too few residencies in plastic surgery exist to meet the training needs. In certain instances the board will accept, in lieu of the required two years' training in an approved residency, training in a preceptorship under a fully qualified plastic surgeon when such preceptorship is properly organized and supervised to give the trainee adequate experience and training in plastic surgery of a well-rounded nature. Certain established preceptorships are given full approval. New preceptorships will be given tentative approval in advance on presentation to the board by the preceptor of a well-rounded plan of training. In such instances the trainee will be required to keep a record of his experience, presenting this to the board at intervals of six months. If the preceptorship is found to be adequate in scope, it will be transferred to the fully approved list. All those training in preceptorships must submit six month reports of their work.

It should be kept in mind by all that the primary interest of the board is to encourage well rounded training in plastic surgery with the aim of producing plastic surgeons capable of doing good work in the wide variety of cases which may come under their care. The standards set up by the board, both for preliminary general surgery and for specialized plastic surgery training, are established in an effort to further this aim. The quality of the training received should be reflected in the candidate's ability to achieve good results in his practice and the examinations of the board are an attempt to judge the ability of the candidate in the specialty of plastic surgery.

SUGGESTIONS FOR TRAINING IN PLASTIC SURGERY

A residency in plastic surgery is one in which a hospital appointment for training in plastic surgery is given the trainee. In a preceptorship in plastic surgery no such appointment is given.

While the board permits flexibility in training, approved residencies and preceptorships should be under fully qualified plastic surgeons. Those trained in preceptorships will be judged by the candidate's ability to make the most of his training and to show adequate ability in all phases of the subject.

There must be teaching in either a residency or a preceptorship—instruction in the basic sciences and in the basic principles of plastic surgery—if not in actual courses, then by conferences, ward rounds, lectures by men on the service or other services, or by visiting doctors.

A resident or assistant resident in plastic surgery should have a full time appointment from an A. M. A. Council-approved hospital or hospitals. A preceptee does not have such an appointment. A residency should preferably be in connection with a teaching hospital having medical school affiliations or be under the Dean's Committee of Veterans Administration hospitals. An acceptable residency is one that is approved by the Council on Medical Education and Hospitals of the American Medical Association.

Before training in plastic surgery is begun, the plastic surgeon in charge of the residency or preceptorship should ascertain that the trainee's preliminary training in general surgery meets the requirements of the board, that is two years of residency training in general surgery after the internship year.

The training in plastic surgery (at least two years) whether in a residency or a preceptorship, should cover a wide field of plastic and maxillofacial surgery, both as to type and anatomical distribution. There should be available sufficient material of a diversified nature so that the trainee will be able to pass the examinations of the board after the period of training and the two additional years of private practice. If the available material on one service is inadequate, the deficiency should be made up by affiliation with another plastic surgeon on another service so that a broad experience will be obtained in plastic surgery. The trainee should be provided an opportunity to operate under the direct supervision of the plastic surgeon in charge, and with increasing ability, to be given an opportunity to operate independently on suitable cases under more remote supervision.

It would be well for a preceptor to report annually to the board the name and qualifications of any preceptee under his supervision, as well as the work done by the preceptee. The preceptee should report to the board every six months the number and type of operations performed both under supervision and independently, giving details of supplementary activities of his training.

MILITARY CREDIT

Credit for military service is given on an individual basis, each case being considered on its own merits and the amount of credit allowed is determined by the board when the information is submitted with the application.

CASE REPORTS

On approval by the board of a candidate's application for certification, each candidate is required to submit to the board thirty-five or more case reports illustrative of his independent work in the field of general plastic surgery. These case reports shall conform to conditions which the board may from time to time specify and the case reports must be approved by the board before the candidate is admitted to examination.

Case reports must be submitted within one year of such request; otherwise a new application must be filed.

The thirty-five case reports must be of a diversified nature and must be submitted to the office of the board, together with photographs. The group must include a variety of material from the entire body rather than a number of cases of one type, and should carry the candidate's personal deductions, conclusions and comments and should be sufficiently detailed to show if the conclusions drawn indicate a grasp of the subject and if the results justify the procedure.

Each case report should be typewritten on paper approximately 8½ x 11, separately numbered and paged, with the candidate's name on each page. Each report should be individually assembled and held by removable fasteners and should have a cover sheet with the candidate's name, the number of the case, hospital number, diagnosis and a brief summary of the case (not over 100 lines). The case reports, photographs and other data are to be filed with the permanent records of the board.

Cases should be chosen from the private practice of the candidate or from the hospital or clinic service. The initials, color, age and occupation of each patient should be stated, as should the name of the hospital where treated and dates of admission, operation and discharge. The important details of family history, if relevant, and of the previous history should be given. The history of the condition for which the patient consulted candidate should be stated clearly and concisely, indicating previous treatment, if any, and the mental, social or economic factors involved. The physical examination of the patient with special reference to the existing deformities should be carefully described. All laboratory and other special examinations, such as roentgenograms, which were made, should be reported, with a statement of what was determined by them. The indications for operation and for the type of operation employed should be given, and the preliminary treatment and the type of anesthesia used should be stated. A full description of the operative technic with methods of hemostasis, suture and drainage, if any, and the name of the assistant should be given. The late and early postoperative course and results should be described. Photographs of conditions and drawings of operative technic, illustrative of each case should be included and securely attached to each case report, with the name of the candidate and the number of the case indicated. Before and after photographs should be shown, and all photographs should be made by a sharp focus lens from untouched negatives with identical lighting conditions, exposure and developing, and should show conditions before and after operation with clear detail.

If the case reports, and lists of operation when requested, are approved, the candidate will receive subsequent information regarding taking the examinations. The board at its discretion may request certification of case reports by the hospital where the operations were performed. The following form should accompany the case reports: "I hereby certify that the planning and essential surgical procedures described herein were carried out by me as an independent operator."

A candidate should remember that these case reports are documentary evidence of his ability and that the material in them and the manner of presentation are important evidences of his ability.

EXAMINATIONS

The qualifying examinations are divided into two parts, the written examination, and the oral and practical examination.

The examinations are given twice yearly, in the spring and fall. The spring examination is given immediately preceding, during or following the annual meeting of the American Association of Plastic Surgeons (usually in May), and the fall examination is given immediately preceding, during, or following the annual meeting of the American Society of Plastic and Reconstructive Surgery (usually in October). Candidates are required to go to the designated center for the qualifying examination, which lasts three days. These centers will be the city in which the meetings of these two organizations are held if the proper clinic and hospital facilities are available, otherwise in some nearby city where such material is available. Arrangements for all examinations are made by the Examination Committee.

The written examination will consume all of the first day and half of the second day. The oral and practical examination will consume the afternoon of the second day and all of the third day. The subjects of the written examination are, (1) theory and practice of plastic surgery, (2) applied anatomy, applied physiology, (3) pathology, bacteriology, clinical laboratory methods, (pharmacology), (4) reaction of tissue to injury, surgical accidents, anesthesia.

A general oral examination pertaining to plastic surgery will be given. In the practical part of the examination, the examiners will present a group of patients for examination by the candidates, and the candidates will be quizzed on methods of procedure—diagnosis, treatment, technic, and so on. Slides of preoperative conditions will be shown on a screen and the candidate asked to make a quick diagnosis of the items and tabulate in the order of their importance and methods of treatment. Microscopic slides of the average pathological tissue falling within the province of the plastic surgeon will be given the candidates on which they will be asked to write a description and diagnosis.

Either prior to or following the examination, the candidate will be visited at his place of practice by a member or members of the board to observe him operate and to examine a number of his pre- and postoperative cases.

To be considered as passing, the candidate will be required to receive a grade of at least 65 per cent in each portion of the written examination and an average of 75 per cent on the entire written and oral examination.

REEXAMINATIONS

Candidates who have failed in any portion of the examination may be admitted to another examination after one year, or within three years, except in such cases as the board may for good and sufficient reason deny a candidate the privilege of reexamination. Satisfactory evidence of further study and progress will be required. The candidate must give 60 days' notice requesting reexamination and pay a fee of $25.00 for the written examination and $25.00 for the oral and practical examination. The examiners conducting the first examination will not be eligible to conduct the reexamination.

CERTIFICATION

After a candidate has met the requirements for eligibility and passed the examinations of the board, a certificate attesting his qualifications in plastic surgery will be issued to him by the board, signed by its officers and having the seal of the board affixed thereto. It shall be the prerogative of the board to determine the fitness professionally and ethically of any candidate for its certificate, and the action or decision of the board regarding the certification of any candidate shall be final.

The board is in no sense an educational institution and the certificates of the board are not to be considered as degrees. Therefore the certificate does not confer on any person legal qualifications, privileges, or license to practice medicine or the specialty of plastic surgery. The board does not purport in any way to interfere with or limit the professional activities of any licensed physician nor does it desire to interfere with any practitioners of medicine in any of their regular or legitimate activities.

The American Board of Plastic Surgery has never been concerned with measures that might gain special privileges or recognition for its certificants in the practice of plastic surgery. It is neither the intent nor has it been the purpose of the board to define requirements for membership on the staffs of hospitals. The prime object of the board is to pass judgment on the education and training of broadly competent and responsible plastic surgeons—not who shall or shall not perform plastic surgical operations. The board specifically disclaims interest in or recognition of differential emoluments that may be based on certification.

FEES

The fee for application and examination is $150. Of this sum, $25 must accompany the application and the remaining $125 must be paid when the candidate is notified of acceptance for examination. There will be no refunds. This fee may be increased at the discretion of the board. The board is a nonprofit organization and the fees of candidates are used solely for defraying the actual expenses of the board. The members of the board serve without remuneration. Because of the limited number of surgeons certified by this board it is necessary for a while to request a voluntary annual prorata contribution from diplomates after the first year's certification to help defray expenses.

AMERICAN BOARD OF PREVENTIVE MEDICINE

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BASIL MACLEAN, Rochester, N. Y.

ELIGIBILITY REQUIREMENTS FOR EXAMINATION

1. Good moral character and high ethical and professional standing.

2. Graduation from a medical school in the United States or Canada approved by the Council on Medical Education and Hospitals of the American Medical Association, or from a foreign medical school satisfactory to the board.

3. An internship of at least one year in a hospital approved by the Council on Medical Education and Hospitals of the American Medical Association or in a foreign hospital satisfactory to the board.

4. Licensure to practice medicine in the United States or the Dominion of Canada.

5. Special training in preventive medicine or public health which shall include:

(*a*) A period after internship of not less than six years of special training, teaching or practice in preventive medicine and public health which must include (*b*) and (*c*). Credit for training and experience in preventive medicine and public health while on military duty will be considered on an individual basis depending on type of service.

(*b*) Successful completion of at least one academic year of graduate study leading to the degree of Master of Public Health or an equivalent degree or diploma or an equivalent satisfactory to the board.

(*c*) Residency [1] (after internship) of at least two years of field experience in general public health practice which included planned instruction, observation and active participation in a comprehensive, organized public health program, one year of which may be an approved clinical residency in a field directly related to public health.

6. Limitation of practice to full time teaching or practice of preventive medicine or public health as a specialty.

7. Membership in appropriate medical and specialty associations. The American Medical Association; the American Public Health Association.

APPLICATIONS

Each application for examination must be made on the prescribed form (which may be obtained from the secretary) and be accompanied by the required documentation, and must be filed with the secretary, ordinarily not less than 90 days prior to the date of the examination. The application must be accompanied by an application fee and two recent, clear, unmounted, autographed photographs of the applicant, one of which should be attached to the application and the other unattached.

FEES

The fee for application and examination is $90, payable as indicated below; additional fees are payable for reexamination, as set forth below, but no additional fee is payable for the issuance of a certificate.

Application fee, $15. No application will be considered unless accompanied by the application fee. The application fee is not refundable.

Certification fee, $75. This fee is payable when the candidate is notified of acceptance for examination, and, if paid prior thereto, is not refundable after such notification has been given. No member of the board is authorized to give informal opinions as to the eligibility of the candidates. The determination of eligibility will be made only by the board after receiving full application information. Each candidate must comply with board regulations in effect at the time the examination is taken, and also those in effect at the time the certificate (if any) is issued, regardless of when the original application was filed. An applicant declared ineligible for admission to examination may refile or reopen his application on the basis of new or additional information within two years of the filing date of his original application without payment of an additional application fee. Applicants who are declared eligible for examination but who fail to submit to examination within three years of the date of the filing of the application are required to file a new application and to pay a new application fee.

1. Approval of residency training is in the process of development by the Council on Medical Education and Hospitals of the American Medical Association in cooperation with the American Public Health Association. Until such time as an adequate program of residency is developed, field training will be evaluated on an individual basis. Information as to approved residencies may be obtained from the Council on Medical Education and Hospitals or from the secretary of the board.

EXAMINATIONS

Examinations will be held from time to time and in various places depending on need as indicated by applications received. It is expected that examinations will be held primarily in connection with the meetings of the American Public Health Association. For the convenience of military personnel assigned overseas the board will try to provide for special individual examinations at times when such officers are temporarily returned to the United States. The examination consists of two parts:

Part one is a comprehensive written examination designed to test the knowledge of the applicant in the general field of preventive medicine and public health.

Part two is an oral or practical examination which will usually be held on the day following the written examination. An endeavor will be made to adapt the details of the oral examination to each candidate's experience and practice. The examiners will report on each candidate to the assembled board, by which the results of the examination will be considered.

REEXAMINATION

Candidates failing the first examination taken may, upon timely request, be admitted to a second examination within 18 months following the examination failed, upon payment of an additional fee of $15. If the candidate fails the second examination, a period of eleven months must elapse before admission to a third examination. A fee of $25 is required for admission to the third examination. Candidates failing three examinations will not be admitted to any subsequent examinations unless the board so directs.

CERTIFICATION

On satisfactory completion of the examination and proof to the satisfaction of the board that the applicant is eligible for certification, a certificate will be issued to the effect that the person named has been found to be possessed of special knowledge in preventive medicine and public health. The certificate will be signed by the officers of the board and shall have its seal affixed. Each certificate remains the property of the board, but the person to whom it is issued shall be entitled to its possession unless and until it is revoked. Any certificate issued by the board may be revoked if evidence, satisfactory to the board, is presented that the applicant was not eligible to receive it at the time of examination or issuance, or that he misstated, misrepresented, or concealed any pertinent fact, or that his license to practice medicine has been suspended or revoked, or that he has ceased to be engaged in the teaching or practice of preventive medicine or public health as a specialty. The issuance of a certificate to any person does not constitute such a person a member of the board.

AMERICAN BOARD OF PROCTOLOGY

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R. A. SCARBOROUGH, San Francisco.
LOUIS A. BUIE, Secretary, 102-110 Second Ave., S.W., Rochester, Minn.

TYPES OF CERTIFICATION

An application for certification is a voluntary act. Two types of certification will be offered until Jan. 1, 1955. Certificates will be issued (1) to those who fulfil requirements for certification as specialists in the diagnosis and treatment of anorectal diseases exclusive of those conditions which require surgical operation within the abdomen and those which require radical operation for malignant disease of the rectum, and (2) to those who fulfil requirements for certification as specialists in the diagnosis and treatment of anorectal and colonic diseases. The essential difference between the two types of certification is that diplomates of the first type will not be certified to administer treatment which requires surgical operation within the abdominal cavity nor to perform radical operations for malignant disease of the rectum, while diplomates of the second type will be certified to administer such treatment and perform such operations. After Dec. 31, 1954, the first type of certification will be discontinued.

QUALIFICATIONS OF CANDIDATES

This board does not intend to interfere with any practitioner of medicine in his legitimate activities but wishes only to certify, in so far as possible, to the public that physicians who claim to be specialists in anorectal surgery and proctology possess proper qualifications. Suitable evidence of such qualifications can be obtained only if a physician can satisfy this board concerning his training and can thereafter pass examinations required for certification.

GENERAL REQUIREMENTS

All candidates shall comply with the current regulations of the board regardless of the time of filing applications. The secretary is not permitted to make decisions pertaining to requirements. Such decisions are made by the special committees or by the board upon review of the candidate's formal application.

All candidates shall have limited their practice to proctology and/or anorectal surgery.

All candidates shall appear personally before the board.

All candidates shall submit to the required examinations.

A candidate may be requested to deliver to the board a record of all of his patients hospitalized during the year prior to the date of submission of the application. Each record shall be endorsed by an appropriate official of the hospital and must include the diagnosis, treatment, outcome, and dates of admission and discharge from the hospital.

Candidates shall submit a bibliography of papers and books published.

Candidates shall possess the following qualifications:

1. High ethical and professional standing.

2. Authorization to practice medicine in the county, state, territory, or province of his residence.

3. Membership in the American Medical Association or the corresponding recognized medical association of the country in which he resides.

SPECIFIC REQUIREMENTS

Specific requirements for applicants who desire certification in anorectal surgery (note: this type of certification does not include operations within the abdominal cavity or radical surgical operations for malignant disease of the rectum. It will be discontinued after Dec. 31, 1954):

1. One year of internship in a hospital acceptable to the Council on Medical Education and Hospitals of the American Medical Association, following completion of a four year course in a class A medical school.

2. Three years of graduate training, after internship, in medical institutions approved by the Council on Medical Education and Hospitals of the American Medical Association and the American Board of Proctology as competent to provide satisfactory training in General Surgery. This shall include graduate training in the basic sciences according to the standards prescribed by the Council on Medical Education and Hospitals of the American Medical Association and the American Board of Proctology. In individual instances credit may be granted for training obtained in preceptorships approved by the American Board of Proctology or for equivalent training obtained while in military service.

3. An additional period of not less than two years of approved training limited to anorectal surgery. In individual instances credit may be granted for training obtained in preceptorships approved by the American Board of Proctology or for equivalent training obtained while in military service.

Specific requirements for applicants who desire certification in Proctology:

1. One year of internship in a hospital acceptable to the Council on Medical Education and Hospitals of the American Medical Association following completion of a four year course in a class A medical school.

2. Three years of graduate training, after internship, in medical institutions approved by the Council on Medical Education and Hospitals of the American Medical Association and recog-

nized by the American Board of Proctology as competent to provide satisfactory training in General Surgery. This shall include graduate training in the basic sciences according to the standards prescribed by the Council on Medical Education and Hospitals of the American Medical Association and the American Board of Proctology. In individual instances credit may be granted for training obtained in preceptorships approved by the American Board of Proctology or for equivalent training obtained while in military service.

3. An additional period of two years of approved training as a full-time resident in proctology. In individual instances credit may be granted for training obtained in preceptorships approved or recognized by the American Board of Proctology or for equivalent training obtained while in military service.

FEES

1. Application fee. A fee of $25.00 shall be due and payable when the application blank is submitted by the candidate to the secretary.

2. Examination fee for anorectal surgery. A fee of $100.00 shall be due and payable when the candidate is notified that his application has been approved.

3. Examination fee for proctology. A fee of $150.00 shall be due and payable when the candidate is notified that his application has been approved.

4. A fee of $50.00 for a second reexamination in either Part I or Part II shall be due and payable when the candidate is notified that his application has been approved.

5. No fees shall be returnable to the candidate without approval by the board.

6. Each diplomate shall be required to pay a fee of $10.00 annually to the board for a period of 10 years following certification.

APPLICATION FOR CERTIFICATION

Each application for certification shall be filed with the secretary upon the prescribed form which shall bear the endorsement of two proctologists who may be consulted for information regarding the applicant. The endorsers shall be qualified proctologists but shall not be members of the board.

The application shall be accompanied by two unmounted autographed recent photographs of the applicant.

The application should be accompanied by letters of endorsement from appropriate sources.

EXAMINATIONS

Examinations shall be conducted at such times and places as announced in THE JOURNAL.

Part I in anorectal surgery and proctology shall consist of written examinations in the subjects of anatomy, physiology, pathology, bacteriology, biochemistry, and other basic sciences considered appropriate by the board.

Part II shall consist of written and oral examinations covering the theory and practice of Anorectal Surgery or Proctology. This examination will include roentgenologic interpretation and other subjects considered appropriate by the board.

A board member or designated examiner will conduct an examination of the applicant in his own community. This examination will involve the following procedures: 1. Surgical operations. 2. Hospital rounds. 3. Inspection of office and hospital records. 4. Conduct of office practice.

GRADES AND REEXAMINATIONS

An average of 75% is the minimum grade that will be acceptable for certification of a candidate.

If a candidate shall fail in Part I he will be required to wait one year before he may be reexamined.

If a candidate shall pass Part I and fail Part II he will be required to wait one year before he may be reexamined.

If a candidate shall fail the reexamination in Part I or Part II, he may petition the board for another examination. With such a petition, the candidate shall submit acceptable evidence of further preparation. Approval or denial of another reexamination shall be determined by the board.

CERTIFICATES

The certificate shall be in a form approved by the board. It shall be signed by the president or vice president and by the secretary, and sealed with the corporate seal.

The certificate in proctology shall indicate that the candidate has been found qualified to practice proctology.

The certificate in anorectal surgery shall indicate that the candidate has been found qualified to practice anorectal surgery.

The cost of both certificates shall be assumed by the board.

AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY

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DAVID A. BOYD JR., Secretary-Treasurer, 102-110 Second Ave., S.W., Rochester, Minn.

APPLICATION FOR CERTIFICATES

An application, in order to be considered at any meeting of the board, must be in the hands of the secretary of the board not less than 90 days before the date of such meeting. A proper application form may be obtained from the secretary. Application may be made for certification in psychiatry or in neurology or in both fields. Applications will be formally considered only when made on the official application blank in such form as may be adopted from time to time by the board and when accompanied by an application fee in such amount as may be fixed by the board.

The secretary of the board, on receipt of an application, shall forthwith make inquiries from those to whom the candidate refers and from such other persons as the secretary may deem desirable and shall verify the candidate's record from the biographical records of the American Medical Association, after which he shall forward the application to the Committee on Credentials. This committee shall consider the application and other information available and notify the secretary whether the application is accepted. The certification of a candidate in either psychiatry or neurology, or both, shall be approved by a majority of the members of the entire board at a meeting held for such certification.

FORM OF CERTIFICATION

There shall be separate certification in psychiatry and in neurology and two certifications or a combined certification for those qualified in both fields. The certifications shall be in such form as is approved by the Board of Directors.

GENERAL REQUIREMENTS FOR APPLICANTS

Each applicant for a certificate must establish that:

(*a*) He is a physician duly licensed by law to practice medicine.

(*b*) He is of acceptable ethical and professional standing.

(*c*) He is now a member of the American Medical Association or a member of such medical societies as are recognized for purposes of certification by the Council on Medical Education and Hospitals of the American Medical Association. Exceptions to the foregoing may be made at the discretion of the board for good and sufficient reasons.

(*d*) He has received adequate training in psychiatry or neurology, or both, as a specialty.

CLASSES OF APPLICANTS

Class A.—Applicants who graduated from an approved medical school before the foundation of the board (1934) will not be held to the strict interpretation of the published requirements in formal graduate training. Under such circumstances the board,

will consider the training and experience of the applicant and decide whether or not he will be admitted to the examinations.

Class B.—Applicants who graduated from an approved medical school after 1934 shall fulfil the following requirements.

PROFESSIONAL EDUCATION

1. Graduation from a medical school in the United States or Canada approved by the Council on Medical Education and Hospitals of the American Medical Association. In the case of an applicant whose training has been received outside the United States and Canada, such training must be satisfactory to the aforementioned Council.

2. Completion of a year's internship approved by the same Council in general medicine, general surgery, pediatrics or a rotating service.

3. The nine month wartime internships will be accepted as an equivalent of one year.

SPECIALIZED TRAINING

Admission to the examination for certification in psychiatry or neurology requires a total of five calendar years of training and experience, three years of which must be specialized training obtained in approved training centers, plus two years of experience. Admission to the examination for certification in both psychiatry and neurology requires a total of six calendar years of training and experience, five years of which must be specialized training obtained in approved training centers, plus one year of experience. The specialized training may be subdivided into two and one-half years each in psychiatry and neurology or three years in one subject and two years in the other. The required years of experience should be spent in clinical practice with major responsibility for the care of patients.

This training for psychiatrists should include clinical work with psychoneurotic and psychotic patients, combined with the study of basic psychiatric sciences, medical and social psychology, psychopathology, psychotherapy and the physiological therapies, including a basic knowledge of the form, function and pertinent pathology of the nervous system. This training should be supervised and guided by teachers competent to develop skill and understanding in the utilization of such basic knowledge in dealing with patients. Mere factual knowledge is not sufficient. This training period should include instruction in the psychiatric aspects of general medical and surgical conditions and the behavior disorders of children and adolescents sufficient to develop practical ability to direct the treatment of such conditions. It should also include collaborative work with social workers, clinical psychologists, courts and other social agencies. The training program of the candidate for certification in psychiatry should include sufficient training in neurology to enable him to recognize and to evaluate the evidences of organic neurological disease.

The training for neurologists should be based on clinical work with adults and children with neurological disorders, including the neurological complications of medical and surgical conditions. This should be combined with study of basic neurological sciences, neuroanatomy, neurophysiology, neuropathology and neuroroentgenology. This training should be supervised and guided by teachers competent to develop skill and understanding in the utilization of such basic knowledge in dealing with patients. Mere factual knowledge is not sufficient. This training should include sufficient training in psychiatry to enable the candidate to recognize and to evaluate the common psychiatric reactions.

The board offers the foregoing two paragraphs as an outline of desirable training. If, however, the candidate has evidence of equivalent qualifications of training and experience not in the pattern here formulated, this experience with appropriate documentary support may be included in his application for evaluation and possible approval by the board.

Candidates seeking certification in both neurology and psychiatry or supplementary certification in one after being certified in the other must submit evidence satisfactory to the board of an additional two years of full time basic training in the supplementary specialty.

Thus, no candidate is eligible for examination by the board until he has completed at least five years of special training and experience in neurology or psychiatry for a single certificate, or at least six years of special training and experience in neurology and psychiatry for certification in both neurology and psychiatry.

The board will give not more than six months of credit for not less than six months of training in an approved training center for internal medicine or pediatrics in lieu of six months of experience to candidates for the certificate in psychiatry or neurology, but not to candidates for certification in both psychiatry and neurology.

The board will give credit for one year of training in child psychiatry providing it is the third year of the required three years of special training required by the board and providing it is taken in a center approved by this board for training in child psychiatry.

The list of training programs approved by this board and by the Council on Medical Education and Hospitals of the American Medical Association may be found in the current issue of the Internship and Residency number of THE JOURNAL.

The secretary may at his discretion admit to examination candidates who lack not more than two months of the time requirement for certification with the understanding that the certificate will in no case be issued until satisfactory written evidence of completion of this requirement is submitted to the board.

TRAINING IN THE ARMED FORCES

Credit will be granted for one year of wartime military service in the Army, Navy, Public Health Service and Veterans Administration. Wartime to this board means Dec. 7, 1941 to Feb. 15, 1946. Further credit for specialized training will be granted only if the candidate has received training in an institution recognized by the Council on Medical Education and Hospitals of the American Medical Association and approved by this board. Time beyond one year spent in the above government agencies may be credited to experience providing the candidate has been regularly assigned to a service in neurology or psychiatry.

EXAMINATIONS

Date and places of examinations are set by the board at its discretion and shall be announced in THE JOURNAL, in the *American Journal of Psychiatry*, in the *Journal of Nervous and Mental Diseases*, and in the *Archives of Neurology and Psychiatry*.

The examinations are designed to test the competence of the candidates. The board requires some proficiency in neurology on the part of those it certifies in psychiatry, and vice versa, but examines the candidate in accordance with the certificate he seeks. The examinations will be of such type that no adequately trained person will fail and yet they will be sufficiently searching so that the specialist in fact may be separated from the specialist in name. The practical examination will include the examination of patients under the supervision of the examiner. The manner of examining patients, and the reasoning and deductions therefrom, will constitute an important part of the examination. Oral and practical examinations will be given in the basic sciences with special regard to their clinical implications. Written examinations may be given at the discretion of the board. The examination for certification in psychiatry will differ from the examination for certification in neurology.

PAYMENT OF FEES

The candidate on filing his application shall accompany it with an application fee of $35 which is not returnable. If a preliminary written examination has been decreed, an additional $25 fee will be required at the time of the applicant's acceptance. When notified by the secretary that he is eligible for the oral and practical examination, the candidate shall send to the secretary an examination fee of $65. A candidate who has been certified in either psychiatry or neurology and who has been admitted to supplementary examination for the other certificate shall pay an additional examination fee of $65.

A candidate who has failed in one examination is eligible for reexamination within one year on payment of a reexamination fee of $50. After the year has elapsed he must submit a new application and pay new application and examination fees. If he fails the reexamination, he may, after two years have elapsed, submit a new application and $35 fee, present evidence of further training and pay an examination fee of $65.

A candidate who fails in one or two subjects is eligible for reexamination in those subjects within one year on payment

of a reexamination fee of $50. After the year has elapsed he must submit a new application and pay new application and examination fees and repeat the entire examination. If he fails the reexamination, he may apply again for the complete examination after two years on submission of evidence of further training and on payment of an application fee of $35. If admitted to the examination, he must pay a new examination fee of $65.

Any candidate who finds himself unable to attend an examination to which he has been admitted and does not notify the secretary at least six weeks before the date of the examination will forfeit half of his examination fee. Any candidate who fails to appear for examination within a period of three years following the date of notification of eligibility for examination shall be required to submit a new application and pay the attendant fee. If a candidate dies before his certificate is issued, all fees will be returned to his estate.

AMERICAN BOARD OF RADIOLOGY

DOUGLAS QUICK, President, New York.
H. DABNEY KERR, Vice President, Iowa City.
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RAY A. CARTER, Los Angeles.
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LEO G. RIGLER, Minneapolis.
B. P. WIDMANN, Philadelphia.
B. R. KIRKLIN, Secretary-Treasurer, 102-110 Second Avenue, S.W., Rochester, Minn.

CERTIFICATES

A certificate will be issued to each candidate who meets the requirements of the board, to the effect that the holder of the certificate has had adequate training in radiology and has successfully fulfilled the requirements of the board.

A certificate granted by this board does not of itself confer, or purport to confer, any degree, or legal qualifications, privileges or license to practice radiology. Certificates of the board shall be issued on one of four forms:

1. A certificate to the effect that the applicant has been found qualified to practice radiology in all of its branches.

2. A certificate to the effect that the applicant has been found qualified to practice radiology in one or more of the following special fields: (*a*) roentgenology; (*b*) diagnostic roentgenology; (*c*) therapeutic radiology.

3. A certificate to the effect that the applicant has been found qualified to practice radiological physics in all of its branches.

4. A certificate to the effect that the applicant has been found qualified to practice radiological physics in one or more of the following special fields: (*a*) x-ray and radium physics; (*b*) medical nuclear physics.

DEFINITIONS

For the purposes of this board, the following definitions are adopted:

1. Radiology is that branch of medicine which deals with the diagnostic and therapeutic application of radiant energy including roentgen rays and radium.

2. Roentgenology is that branch of radiology which deals with diagnostic and therapeutic application of roentgen rays.

3. Diagnostic roentgenology is that branch of radiology which deals with the diagnostic application of roentgen rays.

4. Therapeutic radiology is that branch of radiology which deals with the therapeutic application of roentgen rays, radium and radioactive isotopes.

5. Radiological physics is that branch of physics which deals with the medical application of roentgen rays and the radiations from radioisotopes, nuclear reactions and particle accelerators.

6. X-ray and radium physics is that branch of radiological physics which deals with roentgen rays and radium.

7. Medical nuclear physics is that branch of radiological physics which deals with radioisotopes, nuclear reactions and particle accelerators.

GENERAL REQUIREMENTS

Each applicant for admission to the examination for a certificate in radiology shall be required to present evidence that he has met the following standards:

GENERAL QUALIFICATIONS

1. Satisfactory moral and ethical standing in the profession.

2. A license to practice medicine in the state or county in which he resides.

3. Membership in the American Medical Association, or membership in such Canadian or other medical societies as are recognized for this purpose by the Council on Medical Education and Hospitals of the American Medical Association. Except as herein provided, membership in other societies shall not be required.

4. That the applicant holds himself out to be a specialist in radiology or one of its branches as defined under "definitions," and that he devotes his time primarily and principally (at least 75 per cent) to the practice of radiology or one of its branches.

5. That he is a citizen of the United States or Canada. Candidates from other countries must be permanent residents of that country and native citizens thereof.

GENERAL PROFESSIONAL EDUCATION

1. Graduation from a medical school recognized by the Council on Medical Education and Hospitals of the American Medical Association. If the applicant is a resident of the United States or one of its possessions and is a graduate of a medical school outside the United States or Canada, he must have a certificate of the National Board of Medical Examiners.

2. Completion of an internship of not less than one year in a hospital approved by the same Council.

SPECIAL TRAINING

1. After completion of the internship there shall be a period of special training in radiology of not less than three years in clinics, hospitals or dispensaries recognized and approved by the American Board of Radiology and the Council on Medical Education and Hospitals of the American Medical Association as competent to provide a satisfactory training in radiology. This period of specialized training shall include:

(*a*) Graduate training in pathology, radiation physics and radiobiology. A period of six months full-time training in pathologic anatomy is recommended but where this is not possible to arrange, the student during his three-year training period, may, by attending pathologic conferences, postmortem examinations and studying removed tissues, receive adequate training in pathology. It is recommended that radiation physics be taught by a combination of didactic lectures, practical examples and direct clinical demonstrations.

(*b*) An active experience (residency) of not less than twenty-four months in an institution, the radiologic department of which is recognized and approved by the American Board of Radiology and the Council on Medical Education and Hospitals of the American Medical Association as capable of providing satisfactory training.

(*c*) Examination in the basic sciences of radiology as well as the clinical aspects thereof. These examinations should be given by the student's instructors in order to allow those responsible for his training to certify to the board that he is adequately prepared.

APPLICATION

The board desires to appraise the candidate's educational opportunities (premedical, medical and radiologic), the ability of his instructors, his hospital and teaching positions, his original investigations, his contributions to radiologic literature, his membership in medical societies and his local and general reputation.

For this purpose, application must be made on a special blank which may be obtained from the secretary. No application will be considered unless made on the regular application blank. This application shall be forwarded with the required data, two unmounted photographs and the fee of $75 at least three months before the date of the examination.

FEE

A fee of $75 must accompany each application blank. This fee will not be returned, and no application will be considered until the fee is received. This fee has been carefully computed and is used entirely for administrative purposes. Members of the board and special examiners do not receive any compensation except for actual expenses connected with holding the examinations. As the number of candidates decreases, it may become necessary to raise the fee.

EXAMINATIONS

Each year the board will hold an examination in conjunction with the annual meeting of the American Medical Association, and, when sufficient applications are on file, a second examination will be held in conjunction with the annual meeting of the American Roentgen Ray Society and/or the Radiological Society of North America.

For the present, examinations consist of practical and oral examinations, although written examinations may be added later. The examinations are designed to test the candidate's fitness to practice radiology or one of its branches as a specialty. The board will endeavor to adapt this examination to the candidate's experience and years of practice. It will try especially to ascertain the breadth of his clinical experience, his knowledge of the basic sciences of radiology, and likewise his knowledge of the recent literature on radiology, and his general qualifications as a specialist in this branch of medicine.

The examination consists of tests in film interpretation and an oral examination in pathology, physiology, radiophysics and radiobiology, as well as the clinical application of roentgen rays, radium and radioactive isotopes. The applicant is also examined in "professional adaptability," in an attempt to ascertain his attitude toward his fellow practitioners and his patients.

Whenever an applicant fails to pass the examination, the board, if requested, will make suggestions as to suitable courses of instruction for the purpose of overcoming his deficiencies.

REEXAMINATIONS

If the candidate fails in the first examination he will be admitted to a second examination after one year has elapsed but not more than three years. He must give 90 days' notice of his intention to appear for reexamination and pay an additional fee of $35. If a candidate who has failed does not appear for reexamination before the expiration of three years, he will be required to make a new application and pay an additional fee of $75.

A candidate having failed twice may, after one year has elapsed, file a new application which must be accompanied by the fee of $75.

AMERICAN BOARD OF SURGERY

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JOHN M. WAUGH, Rochester, Minn.
JOHN B. FLICK, Secretary and Treasurer, 225 S. Fifteenth Street, Philadelphia, 2.
CLETUS W. SCHWEGMAN, Assistant Secretary, Philadelphia.
J. STEWART RODMAN, Consulting Director, Philadelphia.

GENERAL QUALIFICATIONS

1. Moral and ethical standing in the profession satisfactory to the board.

The board, believing that the practice of "fee splitting" is pernicious, leading as it does to a traffic in human life, will reserve the right to inquire particularly into any candidate's practice in regard to this question.

2. Certification is restricted to those whose activities are limited to the practice of surgery, including diagnosis, preoperative and postoperative care.

PRELIMINARY TRAINING

1. Graduation from a medical school of the United States or Canada recognized by the Council on Medical Education and Hospitals of the American Medical Association, or graduation from a foreign school considered acceptable to the board.

2. Completion of an internship (straight, mixed or rotating) of not less than one year in a hospital approved by the same Council, or its equivalent in the opinion of the board, such as a year of study devoted to a single branch of medicine.

SPECIAL TRAINING

INTRODUCTION

It is not and never has been the policy of the American Board of Surgery to require that a candidate perform a specific number of operations before taking its examination. The only two components of a residency which can be measured are the number of operations performed and the duration of the training period; the more significant and intangible factors are difficult to evaluate. These include:

1. The professional competence and the integrity of the senior staff and their ability and willingness to teach.
2. The responsibility given the resident.
3. The attitude of inquiry pervading the service.
4. The opportunity afforded the resident for study, investigation and teaching.

Adequate operative experience is concerned more with the variety and magnitude of operations performed than with actual numbers. In certain instances the board may require a special operative inspection.

The board interprets the term "general surgery" in a comprehensive manner and expects candidates to have knowledge of the basic principles applied in the treatment of fractures, trauma and head injuries. Knowledge of the more common procedures in plastic, gynecologic, orthopedic and urologic surgery is expected. Some elasticity of the program will be allowed to permit individuals with preferences for work in specialized fields, experimental surgery or research. In such a program the integration of basic sciences, particularly pathology, with clinical training and material is superior to formal courses.

The most important single factor in the development of a surgeon is the opportunity under guidance and supervision to grow by progressive and succeeding assignments to the stature of complete responsibility.

GROUPS I AND II

The requirements of the board to become eligible for its examinations may be fulfilled by either of the two programs outlined below. Both of these educational programs are considered by the board to be minimal in attaining its purposes.

Group I—A candidate must have completed a four-year graded residency or clinical fellowship in surgery in an institution or institutions acceptable to the board and conference committee. Three of the four years must be spent in general surgery. One of the four years may be spent in any manner which an acceptable program provides.

Group II—As yet there is not a sufficient number of hospitals capable of offering a four-year graded residency in surgery. The board, therefore, will continue to recognize three years of approved residency or fellowship training in a hospital approved by the conference committee. The two additional years over and above this to complete a total of five may be spent in practice limited to surgery carried out under acceptable supervision. One of these two years may be spent in the study of the basic sciences in a fully approved graduate school of medicine.

NOTE:—In both Group I and Group II, the supervising surgeon must vouch for the candidate's integrity, surgical judgment and technical skill. Sufficient operative work performed independently under supervision to fortify residency training must be attested to by a statement submitted to the board at the time the candidate makes application.

BASIC SCIENCES

The board does not insist that any special length of time be spent in the basic sciences, but knowledge of these sciences as applied to clinical surgery will be required in the examinations.

The board will grant credit for postgraduate work in basic sciences (full time) provided that such study extend over a period of not less than six months.

MILITARY CREDIT

If a candidate has served in a government hospital or hospitals fully approved for residency training, such training will be acceptable to the board. Military credit may be extended to those candidates who have served in non-approved hospitals provided that the candidate has had a satisfactory surgical assignment with adequate and diversified clinical material and provided further that his work in surgery is carried out under the supervision of a surgeon acceptable to the board. Any credit extended in the latter category will be considered preceptorship credit and not residency credit.

REQUIREMENTS FOR FOREIGN BORN AND FOREIGN TRAINED APPLICANTS

Full citizenship status is required of residents of the United States. United States citizens who are residents of other countries, and citizens of other countries must have completed at least the three year residency training requirements in a hospital in the United States or Canada. In addition, they are required to hold a license to practice surgery in the country in which they hold citizenship. The Examination Committee may, in individual instances, accept foreign training as the equivalent of acceptable residency training in the United States.

APPLICATIONS

Prospective candidates for examination by the board should carefully read the board's requirements as set forth in its Booklet of Information. If, after becoming familiar with the board's requirements, the candidate needs advice as to his training, such may be had by writing to the board's office. When a candidate's training seems to meet the board's requirements, an application blank will be mailed. The processing of the completed application requires a minimum of three months by the board's office. The candidate will then be notified by the secretary as to his acceptability for examination, his deferment or his ineligibility.

The eligibility of candidates whose training in some respects does not conform to requirements published above will require the action of the Examination Committee of the board which may postpone the candidate's notification of acceptability. Every candidate's final acceptability for examination is based not only on the evaluation of his training qualifications, but on recommendation by the board's advisors as to his professional ability as a surgeon, his ethical standing in the community, and the strict limitation of his work to surgery.

THE FOUNDERS GROUP

The Founders Group, to which were admitted those who had already amply demonstrated their fitness as trained specialists in surgery, was closed in January, 1940.

EXAMINATIONS

The qualifying examination will be divided into Part I (written) and Part II (clinical, bedside and laboratory). In both of these parts, as previously stated, a knowledge of the practical application of the sciences fundamental to surgery will be required.

Part I

This examination will be given simultaneously in as many centers throughout the country as the board may determine suitable for the purpose, and is held twice a year—in the spring and fall. All applications must be on file in the board's office at least three months in advance of the examination. Candidates who are declared eligible are given ample notice as to the center to which they have been assigned for examination.

The examination in Part I is written and covers a one day period. There shall be two sessions of three hours each. The examination concerns itself primarily with general surgical problems and in addition the application of the basic sciences of surgery to these problems.

Part II

The board may, at its discretion, require that a satisfactory operative report be filed before a candidate is eligible for Part II. Such a report shall be made by a member of the board, Founders Group, or one certified by examination, designated to be present during a major operative procedure performed by the candidate.

Part II of the examination shall be oral and practical and cover a one day period, the schedule being arranged somewhat as follows:

8:15 A. M.—Registration.

9 A. M. to 1 P. M.—Clinical surgery (diagnosis, management and the application of physiology, biochemistry and bacteriology, as the case being examined upon may offer an opportunity for doing so. Roentgenographic interpretation will also be included).

2 to 5 P. M.—Applied Anatomy and Surgical Pathology.

The board expects that every candidate shall be well prepared in applied anatomy and in surgical pathology. In the latter subject more stress is laid on an understanding of disease processes and their clinical implications than on the recognition of gross and microscopic lesions.

Examinations in Part II are conducted in certain centers of the country selected by the board. It is the board's desire to arrange these centers so as to geographically meet the needs of the candidates, on condition that suitable examination facilities can be provided. Examinations in Part II are conducted by members of the board together with selected diplomates of the board.

GRADES

A candidate must receive an average of 75 per cent for each part to be entitled to the board's certificate.

REEXAMINATIONS

Part I. Candidates who fail Part I are required to wait one year before becoming eligible for reexamination.

Part II. Candidates who fail Part II in its entirety and those who fail in the single subject of clinical surgery are required to wait one year before establishing eligibility for reexamination. Those who fail either anatomy or pathology are required to wait six months. The board expects that during this period the candidate will make a reasonable effort to prepare himself in the subject or subjects in which he has failed.

Should a candidate fail a reexamination in Part I or Part II, further examination privileges will be denied. Appeal for further examination under special circumstances, when satisfactory evidence of further training has been submitted, will be considered by the Examination Committee. The board may, however, for good and sufficient reason, deny a candidate the privilege of further reexamination.

FEES

The fee for the examination is $100, payable as follows: $10 registration fee, $30 for Part I and $60 for Part II.

Candidates shall be required to pay a fee of $30 for reexamination in Part I and $60 for reexamination in Part II.

This board is a nonprofit organization. All fees will be used, after a reasonable amount is set aside for necessary expenses, to aid in improving existing opportunities for the training of the surgeon. *The members of the board serve without remuneration.*

CERTIFICATE

After meeting the requirements for eligibility and passing the examinations, a certificate attesting to a candidate's qualifications in surgery will be issued by the board, signed by its officers.

The board has discharged its responsibilities by conducting examinations and has issued certificates of qualification to those surgeons who have met certain clearly specified educational requirements and have successfully passed its examinations. In discharging its responsibilities, the primary purpose of the board has been to establish and maintain desirable standards in the education and training of the young surgeon.

The American Board of Surgery has never been concerned with measures that might gain special privileges or recognition for its diplomates in the practice of surgery. *It is neither the intent nor has it been the purpose of the board to define requirements for membership on the staffs of hospitals.* The prime object of the board is to pass judgment on the education and training of broadly competent and responsible surgeons, not who shall or shall not perform surgical operations. The board specifically disclaims interest in or recognition of differential emoluments that may be based on certification.

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BOARD OF THORACIC SURGERY

(An Affiliate of the American Board of Surgery)

CARL EGGERS, Chairman, New York.
CAMERON HAIGHT, Vice Chairman, Ann Arbor, Mich.
WILLIAM E. ADAMS, Chicago.
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RICHARD HARWOOD SWEET, Boston.
WILLIAM M. TUTTLE, Secretary-Treasurer, 1151 Taylor Avenue, Detroit 2, Mich.

FUNCTIONS OF THE BOARD

1. To Select Founder Members. For this group surgeons of the United States and Canada were chosen who had made meritorious contributions to thoracic surgery.

The Founders Group was kept open for two years after organization of the board.

It was officially closed April 14, 1951.

2. To conduct examinations of satisfactory candidates who seek certification by the board.

3. To improve the opportunities for the training of thoracic surgeons.

4. To set up principles of education to guide young surgeons who desire to prepare themselves for proficiency in thoracic surgery.

5. To issue certificates of qualification to all those meeting the board's requirements.

REQUIREMENTS

1. Certification by the American Board of Surgery.

2. Two years' training in thoracic surgery approved by the Board of Thoracic Surgery, or meritorious contributions to thoracic surgery. One of these two years may be spent during the four years of training in surgery required by the American Board of Surgery.

3. Written, oral and practical examination.

DEFINITION OF WHAT IS CONSIDERED ACCEPTABLE TRAINING IN THORACIC SURGERY

To qualify for the examination in thoracic surgery, the candidate shall have had two years of training in an active, well-integrated thoracic surgical clinic or clinics, or the equivalent amount of thoracic surgical training, on a mixed service consisting of thoracic and nonthoracic surgical cases. Adequate training in both the tuberculous and nontuberculous aspects of thoracic surgery is expected. In order to obtain this objective, combined residencies between institutions of different types may be advantageous. It is also required that the candidate be familiar with the basic sciences as related to thoracic surgery. Under exceptional circumstances certain surgeons may, by virtue of recognized proficiency in the surgical treatment of thoracic diseases, qualify for the examination at the discretion of the board.

APPLICATIONS

Prospective candidates desiring to apply for examination should consider whether they are able to meet the minimum requirements of the board. They should then submit a letter to the secretary's office, outlining briefly their training and experience in thoracic surgery and ask for an application form. An application form will not be sent unless evidence is submitted in a letter indicating that the prospective applicant appears to meet the minimum requirements.

EXAMINATIONS

The Board of Thoracic Surgery will be governed in general by the rules laid down by the American Board of Surgery pertaining to examination, as well as reexaminations.

Rules may be changed, however, at the discretion of the Board of Thoracic Surgery.

FEES

For the special examination in thoracic surgery and the issuing of a certificate, the fee will be $100. Fifteen dollars of this fee is to accompany the application and will be considered as a registration fee. It is nonreturnable to the applicant in case he is disapproved for examination.

The fee for reexamination will be $25.

AMERICAN BOARD OF UROLOGY

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APPLICATION BLANK; REQUIREMENTS FOR ALL APPLICANTS

Application for certification must be made on a special form. This will be provided by the secretary and must be returned to him accompanied by other required data and credentials, and by $50 of the examination fee.

Requirements for Applicants.—Each applicant, before he shall become eligible to take the examination for certification in urology, must:

A. Have graduated from a medical school of the United States or Canada recognized by the Council on Medical Education and Hospitals of the American Medical Association and must have completed an internship of not less than one year in a hospital approved by the same council. (The former requirement is not applicable to a candidate who graduated from an institution now extinct, or whose graduation occurred before the American Medical Association had prepared a list of accredited medical schools.) All graduates of foreign medical schools must obtain a license to practice in the state or province in which they reside, the certificate of the National Board of Medical Examiners and/or the certificate of graduation from a medical school recognized by the Council on Medical Education and Hospitals of the American Medical Association as capable of providing training comparable with that recognized in a "Class A" medical school.

B. Establish in a manner satisfactory to this board that he is a physician duly licensed by law to practice medicine, that he is of high ethical and professional standing, and that he has received adequate special training in urology.

The board is attempting to increase and to standardize the facilities for urological training in teaching institutions, so that the expression "special training in urology" may be interpreted to include:

1. A period of study, after the internship, of not less than three years in clinics, dispensaries, hospitals or laboratories recognized by the Council on Medical Education and Hospitals of the American Medical Association as competent to provide a satisfactory training in the special field of urology.

The training requirements after the internship may be fulfilled in one of the following ways:

(*a*) A three-year residency in urology.

When a resident obtains a senior rating or is in his final year of training, he should be in charge of the examination and treatment (surgical or otherwise), of an ample number of patients under the supervision of the senior consultant or attending urologist who must be a certificatee of the American Board of Urology.

(*b*) A second year of rotating internship or a one-year residency, preferably in general surgery, followed by a two year urologic residency, which should have the same status as the last two years of a three year urologic residency.

(*c*) Preceptorship.

This type of training may be accepted, but it is not encouraged.

This, and other variations from training described above, must be supported by evidence that the candidate has had training comparable with one of the two preceding types of residencies.

2. An additional period of not less than two years in the practice of urology in the city from which he makes application.

These special requirements conform with the suggestions made by the Council on Medical Education and Hospitals of the American Medical Association.

After June 30, 1955, training requirements, after the internship, may be fulfilled in one of the following ways:

1. One year general surgery. Three years formal training in urology.

2. Two years of general surgery. Two years formal training in urology.

3. One year of general surgery. One year review of basic sciences or some special research. Two years of formal training in urology.

4. One year general surgery. Two years of formal training in urology. One year of credit for two years in a preceptorship, to be approved by the Credentials Committee and the board.

C. Make application to the American Board of Urology, whose duty it shall be to investigate the applicant's credentials and make a survey of his character.

D. Assure the board that he is engaged in the practice of urology and that he intends to continue to be so engaged.

E. Membership in the American Medical Association or comparable national medical association is recommended.

Any candidate who starts training before June 30, 1955, under the old requirements, may complete the program of the old requirements and thereby become acceptable for examination. No more candidates will be accepted for examination whose training has been entirely on a preceptorship basis started after March 1, 1951.

FEE

The examination fee is $150. (This fee will be increased when the expense of the examinations and other activities of the board demand.) Fifty dollars must accompany the application. If, on investigation, an applicant is found lacking in any of the requirements stated above, he will be notified that he is ineligible for examination. One hundred dollars must be paid when the applicant is accepted as a candidate for certification. Neither fee shall be returnable in any event.

If a candidate fails, he will be permitted a second examination after one year or within three years, without additional fee, but he must give 60 days' notice of his intention to appear for reexamination. After an applicant has failed twice, he must file a new application and pay a second fee.

REQUIREMENTS FOR CERTIFICATION

According to the by-laws of the American Board of Urology, applications received from applicants for certification shall be examined by the Credentials Committee and reviewed by the board. When additional data are required to complete the application, these will be requested by the secretary.

The requirements for certification include: preparation of reports of twenty-five representative (not necessarily consecutive) major urological cases from private cases, which must contain all items essential for diagnosis, therapy, prognosis, results of treatment, etc.; oral-clinical examinations, written examinations and personal appearance before the board.

In specific instances, the board may waive any part of these requirements, with the exception of the item of personal appearance.

Each candidate will receive a notice of the time and place of the examinations, and an appointment for his personal appearance before the board.

EXAMINATIONS AND REPORTS OF CASE HISTORIES

The board will hold one examination per year. This may be held in association with the annual meetings of the American Urological Association or the American Medical Association, when this is practicable, or at other times and places that the board may select, or deem expedient.

The written examinations are designed to test the candidate's preparation in, and his knowledge of, the whole field of urology, including the fundamental subjects: pathology, anatomy, physiology, embryology, bacteriology, physiological chemistry and endocrinology. These may be given at the time of the oral-clinical examination, or may be held on certain dates simultaneously in different parts of the country at places convenient for candidates. The examination in pathology will consist of the identification of gross specimens and of sections of tissue observed through the microscope. The examination in anatomy, physiology, embryology, bacteriology, physiological chemistry and endocrinology will be a test of the candidate's working knowledge of these subjects as they are related to the practice of urology.

The oral-clinical examination will consist of discussions of common urological conditions. The subjects forming the basis of this examination are urography; diseases of the genital organs, including the prostate; diseases of the urinary bladder and diseases of the ureters and kidneys. The examination may deal directly with data found in the reports of case histories that the candidates have submitted. It will ascertain the candidate's familiarity with recent literature, the breadth of his clinical experience and his general qualifications for practice in the specialty of urology.

The professional adaptability of each candidate will be investigated in an attempt to determine his ethical conduct and his attitude toward his patients and fellow practitioners.

The reports of twenty-five major urological cases must be representative cases from private practice. The reports must be typewritten on 8½ by 11 paper and in duplicate, but need not be on any special form.

Complete index lists must accompany the reports. If they are obtained from more than one hospital they must be consecutive and a separate index list of each group should be provided. These lists must state the operator's name at the head of each page, the name of the patient, the hospital and admission number, and the dates of operation. Statements from the superintendents of the hospitals attesting that the candidate was the operator *must be included.* With the twenty-five case reports there must also be an index, in consecutive order, of all major and minor urological surgery done during the last two years of practice. The lists should be filed in the secretary's office for verification purposes.

The data should be placed under proper headings and the arrangement of these should conform to the sequence of events incidental to the patient's admission to the hospital or clinic, the examinations made and treatment prescribed.

Sufficient data should appear in these so that the examiner will know that a proper history was taken and that a thorough examination, including a complete physical survey, was made.

The board requires that all of the essential points of the history and examination, as well as a complete description of the surgical procedure, shall be given. Emphasis should be placed on the following items: preoperative diagnosis, clinical and pathological diagnosis, laboratory data, including cultures of urine and chemical analysis of calculi; summary of postoperative course with special reference to morbidity, clinical findings at time of discharge from the hospital and subsequent follow-up reports.

A final short paragraph *must be prepared* for each case. This must include the candidate's interpretation of the history in terms of pathology; the basis for the diagnosis; the facts that determined the treatment prescribed, whether surgical or otherwise; the course of treatment to be pursued following discharge from the hospital or clinic; a critical discussion of the knowledge gained from the proper handling of the case, or from the errors made (if any) in the diagnosis and method of treatment.

Each candidate must assume personal responsibility for the data in his case reports, including autopsy findings and interpretation of urograms.

A candidate must remember that these case reports are documentary evidence of his ability and that the material in them and the manner of presentation are important evidences of his competence as a urologist.

The deadline for the receipt of case histories each year is September 1.

Satisfactory case reports must be submitted before a candidate will be permitted to continue with other parts of his examination. If case reports are pronounced unsatisfactory by more than one examiner, the candidate will be informed of this and requested to prepare others.

LIMITATIONS OF FUNCTIONS OF THE BOARD

The conferring of degrees, "Doctor of Medicine" or "Bachelor of Medicine" remains with the universities, where it belongs. This board makes no attempt to control the practice of urology by license, or legal regulation and in no way interferes with or limits the professional activities of any duly licensed physician.

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ANNUAL REPORT ON INTERNSHIPS AND RESIDENCIES

Elsewhere in this issue (page 275), the Council on Medical Education and Hospitals reports on the internship and residency programs being conducted in 1,367 hospitals approved by the Council. As it has for the past 26 years, the report presents basic data relative to the number and types of hospitals offering such training, the number of positions available and filled last year, an analysis of stipends being paid interns, and other pertinent subjects.

There are now 872 hospitals approved for intern training located in 45 states and the District of Columbia. Over 11,000 internships are available in these hospitals, an increase of 14% over those offered a year ago. The report points out that there has been an increase in the average number of interns requested per hospital from 11.3 in 1942 to 13.3 this year. It can be reasoned from this fact alone, the report states, that an additional 1,730 internship vacancies have resulted in hospitals throughout the country.

The over-all occupancy rate for intern positions of all types was 72%. In hospitals classified by medical schools as major teaching units 81% of the internships were filled, while in those identified as minor units in the schools' teaching programs only 62% of the positions were occupied, as compared to 67% for hospitals without medical school affiliation. In discussing further the percentage of positions filled, the report notes the correlation that existed between the size of the hospital and its success in filling its intern requirements, with the smallest hospitals, those of 175 beds and under, having the lowest occupancy rate, 61%, and the larger hospitals, of 400 beds and over, having 79% of their positions filled. While undoubtedly there were other factors involved, it can be assumed that the primary reason for the higher percentage of internships filled in the larger hospitals is the desire on the part of most interns to take training in a hospital offering a broad and comprehensive educational experience that is usually not available in a smaller hospital.

The subject of interns' stipends has become of increasing interest within the past few years in view of the tendency of some hospitals to seek to attract a full intern staff on the basis of financial remuneration. An analysis of stipends paid by the nonfederal hospitals approved for intern training showed that, while almost one-half of the hospitals affiliated with medical schools paid stipends ranging from $25 to $75 per month, only 25% of the nonaffiliated group offered salaries in this range. Slightly more than 33% of hospitals in the latter category offered salaries from $125 to $200 per month; of the teaching hospitals, slightly less than 20% paid similar amounts. The report states that, while no direct comparison could be made with last year's figures because of the different bases used in the analyses for these two years, there had been an increase in the number of hospitals paying stipends in the higher ranges, particularly those above $150 per month.

In the field of residency training, there are now 1,161 hospitals conducting programs in 27 specialties and subspecialties and in general practice. These hospitals provide positions for 9,340 first year residents and a total of 20,645 residency appointments at all levels; i. e., first, second, third, and fourth years. Those specialties in which there was a relatively high percentage of first year positions filled included cardiovascular diseases, ophthalmology, pediatrics, obstetrics-gynecology, dermatology, and proctology. A low occupancy rate prevailed for first year appointments in physical medicine, pathology, neurology, plastic surgery, and residency training for general practice. Hospitals reported that 77% of all residencies offered were filled, with 15,851 residents assigned as of Sept. 1, 1951; at the first year level, there were 6,376 positions filled, representing 68% of the number offered. This decrease in the number of residents seeking appointments was anticipated in the Council's Annual Report last year. That report pointed out that the situation that obtained in the postwar period, when the number of applicants appreciably exceeded the number of available positions, had been completely reversed in all specialties.

The body of information presented in the Council's report should be of interest to the profession, hospital administrators, medical educators, and others concerned with graduate training. The years following graduation from medical school, which the young physician spends in hospitals acquiring increasing responsibility for the total care of the patient under the supervision of experienced and well-qualified members of the hospital staff, has become an increasingly important step in the education and training of a physician, secondary only to that obtained during his undergraduate years in medical school. The Council, for their efforts in presenting this report annually, and the hospitals, for their cooperation in furnishing the data on which the report is based, are to be commended. Without the information thus provided, an appraisal of graduate training in this country would be difficult if not impossible to make inasmuch as this source material is nowhere else available. With the growing importance of graduate training in medical education and practice, a continuing evaluation of its status is essential.

A POSITIVE APPROACH TO THE INTERNSHIP AND RESIDENCY PROBLEM

In its Annual Report this year, the Council on Medical Education and Hospitals has analyzed internships and residencies rather from the standpoint of the number of positions filled than from the number of vacancies that obtained. The report comments on the fact that, in many discussions of the problems relating to graduate training, the relatively large number and percentage of vacancies has been stressed, while the increase in the absolute numbers of interns and residents has been neglected if not entirely overlooked. It cites as an example the fact that there were less than 6,000 residents serving in hospitals in this country in 1940, as compared to over 15,000 last year. In comparing percentages of vacancies for the same period, however, the figures have increased from almost zero to over 23%. From the latter standpoint, the situation could be considered as deteriorating, when in actuality a marked improvement has occurred.

The problem of the increasing disparity between the number of internships and the number of applicants to fill them has been a perennial one, for which no ready solution has been found. It is apparent from the data presented in the Annual Report that a similar situation has been reached with respect to residencies. The Council points out that, in a discussion of these and related problems, one should not lose sight of the greatly increased number of physicians presently assigned as interns or residents in our hospitals. Even in those specialties that show a relatively low occupancy rate a larger number of men are being trained in these fields than in years past.

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PATENT DUCTUS ARTERIOSUS AND MATERNAL RUBELLA

Among the congenital cardiac anomalies that have been reported in infants following maternal rubella durin pregnancy, those most frequently encountered have been patent ductus arteriosus and septal defects. It has been implied that these lesions are specifically related to maternal rubella, but proof of this view is lacking.

To obtain evidence on this point, Rutstein, Nickerson, and Heald [1] recently analyzed statistically the records of 1,042 children with congenital heart disease born at Children's Hospital in Boston from 1939 to 1948 inclusive. Since information concerning maternal rubella was missing or incomplete in many records, an indirect or circumstantial approach was used. It was reasoned that, if congenital cardiac anomalies were caused by maternal rubella or other seasonal factors, the birth dates of infants with such congenital anomalies should have a seasonal distribution. If, on the other hand, these anomalies were due to genetic or other nonseasonal factors, the birth dates of these infants should be distributed in the same manner as those of all children born during the same period in the same area.

Analysis of the Children's Hospital records revealed a distinct seasonal increase in the number of infants born with patent ductus arteriosus during the months October through January, whereas the birth dates of children with other cardiac anomalies were distributed relatively evenly throughout the year, as were the birth dates of all live infants in Massachusetts during the same period. The incidence of rubella in Massachusetts during these years showed a pronounced seasonal peak during the months March through June, that is, during the first trimester of gestation of the seasonal "excess" of children with patent ductus arteriosus. Moreover, all of 25 children with congenital heart disease for whom a positive history of maternal rubella could be obtained were born during the months September to February inclusive, and the specific lesion in 17 of these children was patent ductus arteriosus. In a smaller group of children with congenital cataracts from the Massachusetts School for the Blind, eight patients with congenital heart disease were found, five of whom had patent ductus arteriosus and six of whom had a history of maternal rubella during pregnancy. The birth dates of these children also occurred only in the months September to March. Rutstein and co-workers concluded that the increased incidence of patent ductus arteriosus during the months October through January is probably due to a seasonal environmental factor and that this factor is very likely maternal rubella. They attributed the cases of patent ductus arteriosus occurring during the remainder of the year to other nonseasonal causes.

As these workers point out, this is suggestive but not conclusive evidence. Seasonal environmental factors other than rubella might be responsible for the increased incidence of patent ductus arteriosus during the winter. This possibility is suggested by the fact that seasonal fluctuations have been noted in the incidence of other congenital anomalies in man and animals, apparently unrelated to rubella or other infections. According to McKeown and Record,[2] in Great Britain anencephalic fetuses are born more frequently during the winter than during the summer, though the mothers of these children give no history of a specific febrile illness during pregnancy. Similarly, polydactyly in mice [3] and guinea pigs [4] has been found to occur most frequently from December to February and from November to April, respectively. Chondrostrophy in chickens is found most frequently between October and February, whereas duplications occur most frequently in April and May, eye anomalies in the spring,[5] and rumplessness in the summer.[6] In these animals no infection or other obvious seasonal factor is evident. It is possible that seasonal metabolic or meteorological changes may be found to play a role in these phenomena as well as in the seasonal incidence of patent ductus arteriosus. In the meantime, specific proof of a relationship between maternal rubella and patent ductus arteriosus will depend on follow-up studies of many women with rubella during pregnancy to determine whether the incidence of patent ductus is greater in their offspring than in the children of mothers without rubella.

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THE PRESIDENT'S PAGE

A MONTHLY MESSAGE

Public Relations is a much-discussed topic these days. There are a great many opinions about how the public relations of any organization should be conducted and who should conduct them. A PR program can be stimulated and directed by trained persons on an organization's staff, but the public relations of any organization, in my opinion, must stem primarily from the individual member.

No matter how great an effort is made by the headquarters of the American Medical Association to acquaint the public with a particular activity or viewpoint of the profession, that effort will be nullified unless the individual members do their share. They must also work toward common goals and uphold the standards of medicine.

The public has its most intimate contact with the profession through the individual physician and his office assistants. The primary aim of the medical profession is, or should be, to render service to the public. The patient should feel that his physician is a friend and confidant. The medical profession at one time held that enviable position in the eyes of the public. Now, altogether too often, the patient feels that he is merely an incident in the doctor's life. This has come about gradually by over-specialization in medicine and by the commerical attitude demonstrated, not by all, but by some physicians.

The physician should never be too busy to inform himself about the environment and financial circumstances of the patient, and to adjust his fees accordingly. When a physician neglects to do this he has driven a nail into the coffin of American Medicine as we know it. He must always take time to explain to the patient the necessity of certain procedures and what they will cost. He must explain why hospitalization is necessary. He must talk to his patients about the importance of carrying hospital and medical care insurance and be frank about what it will do and what it will not do for them. He must take all steps possible, without hurting the quality of care, to keep medical costs low. The physician also should train his office assistants to make the patient feel he is the most important person in the physician's clientele. All attempts by the local, state, or national associations to show the public that medicine desires to give the best possible care and tries to protect them from charlatanism will go for naught unless the individual physician believes he is the most important link in the public relations of his profession.

The time is long since past when a physician could devote himself only to the scientific aspects of medicine. He must consider and be familiar with the social and economic aspects as well. He must take an active part in his county medical society. The county medical society in some areas is an organization highly influential and respected; in other areas it has lost or failed to gain this position. The usual reason for such failure is that a great many members do not attend meetings or take an interest in its activities. Where medical societies are inactive, other organizations acquire the support of the public, sometimes to the detriment of medical and public interests. County societies must actively demonstrate to the citizens of their area that they exist primarily for the betterment of medical care and public health in the community.

If you, as an individual physician, do not attend your county society meetings or take an active part in its program because you feel that you are not in sympathy with its objectives, the fault is yours. Remember that no society is ever going to adopt or adhere to any policy that is in conflict with the wishes of the majority of its members. To do so would be suicidal. A minority can rule only if the potential majority turns its back on the society and ignores its medical organizational responsibilities.

County societies are an expression of the power and thought of their individual members. In the same way, the state society is an expression of the strength of its component county societies. The legislative branch of the state society is made up of the delegates elected by the county societies. If a county society is active and its meetings are well attended, its delegates will be outstanding, hard-working and serious-minded persons devoted to the advancement of medicine. If the state society house is composed of a majority of such persons, it will be an active force for good in the state. It will be respected, and other groups will turn to the state society for advice on all problems pertaining to health.

To go upward another step, the legislative branch of the American Medical Association is composed largely of the delegates elected by the state societies. The caliber of that House of Delegates is, therefore, determined by the states. It is a democratic procedure. Again let me emphasize, however, that democracy works well only when all who are entitled to participate do so.

The policies of the American Medical Association are based on the thinking and activity of the majority of its individual members. The public relations of the Association depend on the nature of these policies, how they are implemented, and how well they are explained to the public. The Public Relations Department of the A. M. A. was reorganized about a year ago. It now operates as a branch of the Secretary and General Manager's office, under the Board of Trustees. This department is endeavoring to bring before both the public and the profession the constructive program and ideas of the Association. It is a group expression and not the ideas of any one person or any small coterie. The Department can be effective only insofar as the individual members take a real interest in developing sound policies and then go further and bring these ideas to the attention of the general public.

The implementation of policies and beliefs is all-important. It is of little avail for the Association to announce the amount of free work done by physicians, to pass resolutions against exorbitant fees or "kickbacks," or to campaign for voluntary health insurance when some physicians proceed to overcharge, to split fees, or to belittle voluntary insurance.

Once sound policies are established and are being implemented, the next step is to inform others of medicine's activities. Not every physician is capable of addressing local organizations, but every physician can talk to his patients. Full benefit from worthy policies of local, state, or national medical organizations can never be attained unless the individual member does his share in acquainting his patients with these policies. The public is eager for information, and the medical profession must provide it.

The physician should be able to tell his patients how they are protected against charlatanism and worthless drugs through the activities of the American Medical Association. He should tell them how the high standards required in our medical schools and hospitals have been set by the A. M. A. for their protection and to insure the continuing advancement of medical science. To be able to discuss these and other public services, the physician should read carefully THE JOURNAL and the other publications and pamphlets of the Association.

The A. M. A. itself can disseminate both scientific news and socioeconomic information through correspondence, press releases, special articles and brochures, radio, television, and contacts with other organizations. All these methods are used by the Association. With the general public, however, an impersonal, national organization does not have the influence that the trusted family physician has. He is, and always will be, the most important component of the profession's public relations.

LOUIS H. BAUER, M.D., Hempstead, N. Y.

ORGANIZATION SECTION

A. M. A. PREPARES FOR DENVER MEETING

The American Medical Association's sixth annual Clinical Session, Dec. 2-5 in Denver, will present features of special interest to the general practitioner. More than 60 scientific exhibits will provide general practitioners with a postgraduate course in office anesthesia, cardiology, dermatology, endocrinology, gynecology, laboratory procedures, otolaryngology, pediatrics, and proctology.

A special demonstration, with manikins, on problems of delivery will be conducted by competent obstetricians. Another special exhibit, with discussions and demonstrations of fractures of the wrist, ankle, and spine, will be presented. Emphasis will be on diagnosis and treatment. There will be also a four day presentation of scientific papers by physicians from various parts of the country. Stress will be placed on the solution of problems that face the "family doctor" in his everyday practice.

More than 150 technical exhibitors will display drug products, scientific textbooks, office equipment, physical devices, and many other manufactured goods of interest to the physician.

Surgical and clinical demonstrations originating from Denver General Hospital will bring the operating room directly into the convention hall. Motion pictures covering a wide variety of medical topics will round out the "course." All of the technical and scientific exhibits and scientific sessions will be held at Denver's recently enlarged Municipal Auditorium. Sessions of the House of Delegates will be held at the Shirley-Savoy Hotel.

INDUSTRIAL HEALTH PROGRAM FOR THE "FAMILY DOCTOR"

A program to interest general practitioners in industrial medicine recently was launched by the joint committee on education of the American Academy of General Practice and the Council on Industrial Health of the American Medical Association. The project aims to encourage widespread understanding of the problems of industrial health by management and physicians and to develop an industrial health education program geared to the general practitioner.

The committee feels there is a need for full-time specialists in industrial medicine at large industrial plants, but, because more than 90% of American industries employ less than 100 workers, the "family doctor" must also be educated in the part he can play in supervising health and safety programs in small plants, without interfering with his regular practice.

State and county medical societies can help by publicizing and sponsoring local meetings to discuss various problems, such as placement, absenteeism, industrial hazards, safety precautions, and sanitation. The A. M. A.'s Council is prepared to assist local societies in carrying out such educational programs designed to bring the employer and physician together.

COMMITTEE DESIRES REPORTS OF CASES OF POISONING

The Committee on Pesticides of the American Medical Association is undertaking a toxicological study of cases of poisoning resulting from the use of insecticides, rodenticides, fungicides, weed killers, fumigants, repellents, and related types of chemicals used in agriculture and in the home. This information will be used to expand its permanent file of such cases for use by physicians and allied medical personnel.

Since much of the Committee's information on pesticide poisoning has been compiled from unpublished isolated cases that were brought to its attention, the Committee appeals to physicians to submit records on cases of fatal and nonfatal poisonings from pesticides. Summary data on the pertinent facts of the poisonings and the circumstances of their occurrence would be sufficient in most instances. The Committee is functioning as a center for reporting poisoning cases of this type.

IF YOU CHANGE YOUR ADDRESS

Your copy of THE JOURNAL is addressed to you several days in advance of the publication date; so if you change your address, please notify us at least three weeks in advance.

Send your old address together with the new, preferably clipping the name and address from your last copy of THE JOURNAL.

Copies mailed to your old address will not be forwarded by the Post Office, unless you provide the Post Office with the forwarding fee.

Send your change of address to:

American Medical Association
THE JOURNAL Subscription Department
535 N. Dearborn St., Chicago 10.

"HEALTH—1952" EXHIBIT

A new portable exhibit titled "Health—1952" will be available about Sept. 15 from the A. M. A.'s Bureau of Exhibits for use by state and county medical societies. Suitable for lay audiences, the exhibit presents an over-all picture of health conditions in the United States. The first panel, containing a large colored modern adaptation of Sir Luke Fildes' painting "The Doctor," emphasizes improved health conditions today and shows that life expectancy has increased, that tuberculosis and pneumonia deaths are at an all-time low, and that mothers and babies have a much better chance of surviving today. The second part of the exhibit shows that Americans require less working time to pay for medical care today as compared with 15 years ago. Finally, the exhibit points out that there is an easier way to pay for medical care, through voluntary health insurance. The only cost involved to medical societies will be the shipping charges both ways. The Bureau plans to revise the exhibit each year.

INDUSTRY ORDERS HEALTH MAGAZINE FOR EMPLOYEES

Bulk orders of *Today's Health* magazine from several industrial firms have been reported by the Circulation Department. The Timken Roller Bearing Company of Canton, Ohio, for example, currently provides copies of the magazine for the more than 1,300 supervisory personnel throughout its organization. The Chesapeake and Potomac Telephone Company of Washington, D. C., has purchased about 250 subscriptions for chief operators in the Virginia, Maryland, West Virginia, and District of Columbia area. This year, the Pepsi-Cola Company is supplying *Today's Health* to a dozen of its locally owned branch offices on a trial basis. If this is successful, the company will encourage all of its branch offices to subscribe for employees. Many firms are ordering copies for employee reading rooms.

HONORARY MEMBERSHIPS IN STUDENT ASSOCIATION

The Student American Medical Association recently launched a campaign to encourage physicians to join the organization as honorary members. The theme is: "Keep up with the young men who are keeping up with you." This new membership category was created at the request of physicians who wish to keep in touch with the student side of medical education.

Honorary membership, with yearly dues of $5, entitles the physician to a subscription to the monthly 72-page *Journal of the S. A. M. A.* as well as participation in the annual convention and other activities of the association. Physicians who are interested in becoming honorary members should contact Mr. David Buchanan, National President, Student American Medical Association, 535 North Dearborn Street, Chicago 10, Ill.

MEDICAL NEWS

CALIFORNIA

Lectures by Dr. Huggins.—Dr. Charles B. Huggins, professor of surgery, University of Chicago, will be the visiting professor of oncology, under the sponsorship of the Cancer Research Institute, at the University of California School of Medicine, Oct. 7 to Nov. 6. In addition, Dr. Huggins, who is director of the Ben May Laboratory for Cancer Research, Chicago, will deliver four lectures in Toland Hall, on Friday evenings at 8 p. m.: Oct. 10, "Steroid Carcinogenesis"; Oct. 17, "Physiology of Steroid Hormones"; Oct. 24, "Cancer of the Prostate Gland"; and Oct. 31, "The Adrenal and Cancer."

CONNECTICUT

Course in Ophthalmology at Yale.—Yale University School of Medicine announces the following postgraduate course in ophthalmology:

Oct. 10, Case Presentation—Exophthalmos, Rocko M. Fasanella, New Haven.
Oct. 31, Rheumatism and the Eye, Joseph Igersheimer, Boston.
Nov. 14, Case Presentation—Diabetes and Eye Photography, Ernest Rosenthal, Hartford.
Dec. 5, Regeneration of Surgical Wounds After Intraocular Operations, Brittain F. Payne, New York.
Dec. 12, Case Presentation—Management of Complications in Cataract Surgery, Arthur M. Yudkin, New Haven.
Jan. 9, 1953, Roundtable Discussion of Surgical Problems, Edmund B. Spaeth, Philadelphia.
Feb. 27, Surgery of the Lacrimal Mechanism, Byron C. Smith, New York.
March 13, Case Presentations, Frederick A. Wies, New Haven.
March 27, Retinal Detachment, Charles A. Perera, New York.
April 10, Case Presentation—Lacrimal Gland Tumors with Discussion of Pathology, David Freeman, New Haven.
April 24, Suspensory Ligament of Zinn and the Zonular Chamber, Henry Minsky, New York.
May 8, Case Presentation—The General Surgeon in Eye Lesions, William H. Ryder, New Haven.
May 22, Differential Diagnosis of Hemianopia, Alfred Kestenbaum, New York.

The fee for the course is $15. Dr. Frederick E. Mott, 38 Trumbull St., New Haven, is treasurer.

ILLINOIS

North Shore Lecture Series.—The North Shore Health Resort announces that its third annual lecture series will be held from October through June on the first Wednesday of each month (second Wednesday in May) at 8 p. m. at 225 Sheridan Road, Winnetka. Physicians of the Chicago area are invited. The 1952-1953 theme will be "Understanding Psychosomatic Disorders." Dr. Franz G. Alexander, director, Institute for Psychoanalysis, Chicago, will deliver the first lecture, Oct. 1, on "General Principles of the Psychosomatic Approach in Medicine."

Chicago

Cook County Alumni Dinner.—The Cook County Hospital Internes' Alumni Association will meet at dinner at the Palmer House, Sept. 27, at 7 p. m. Dr. J. Lester Wilkey will serve as toastmaster.

The Bevan Lecture.—The Chicago Surgical Society will hold its annual dinner at the Knickerbocker Hotel, Oct. 3, at 6:30 p. m. At 8 p. m. Dr. Edward D. Churchill, Boston, will give the annual Arthur Dean Bevan lecture on "Surgical Interpretation of the Biological Processes of Wound Healing."

The Phemister Lecture.—The first Dallas B. Phemister memorial lecture will be held Oct. 2 at 8 p. m. in Leon Mandel Hall, 5714 S. University Ave., University of Chicago campus. Dr. Alfred Blalock, professor, department of surgery, Johns Hopkins University School of Medicine, Baltimore, will speak on "Challenging Problems in Cardiovascular Surgery." Dr. Evarts Ambrose Graham, professor emeritus of surgery, Washington University School of Medicine, St. Louis, will present "More About the Relation of Cigarettes to Bronchiogenic Carcinoma."

Anniversary of Institute for Psychoanalysis.—The twentieth anniversary of the institute will be celebrated Oct. 11 at the Drake Hotel. At 9 a. m. there will be a panel on training, which will include "The Meaning of Psychoanalysis in Medical Education," by Dr. Alan Gregg, vice-president, The Rockefeller Foundation, New York; "The Impact of Psychoanalysis on Training in Psychiatry," Dr. Maurice Levine, professor of psychiatry and director of the department, University of Cincinnati College of Medicine; and "Training in Psychoanalysis," Dr. Martin Grotjahn, director of the Training School of the Institute for Psychoanalytic Medicine of Southern California, Beverly Hills. Dr. George J. Mohr will be the moderator. At 2 p. m. Dr. Thomas M. French will serve as moderator for a panel on research, with the following presentations: "Psychoanalysis as a Basic Science," Dr. Lawrence S. Kubie, clinical professor of psychiatry, Yale University School of Medicine, New Haven, Conn.; "Psychoanalysis and the Biological Sciences," Dr. I. Arthur Mirsky, professor, department of clinical science, University of Pittsburgh; and "Psychoanalysis and the Social Sciences," Talcott Parsons, Ph.D., professor of sociology, Harvard University, Cambridge, Mass.

The meetings are open to alumni of the institute, students, and members of the medical and allied professions. Admission will be by ticket only. Cocktails at 6 p. m. will precede the dinner at which Dr. Raymond B. Allen, chancellor-elect of the University of California at Los Angeles, will speak. Dinner reservations should be made before Oct. 4 with the Institute for Psychoanalysis, 664 N. Michigan Ave., Chicago 11. The charge is $6.55 per person.

KENTUCKY

Meeting of Anesthesiologists.—The Kentucky Society of Anesthesiologists will meet Oct. 5 at the Brown Hotel, Louisville. "New Intravenous Agents Being Studied at the Indiana University Medical Center" will be discussed by Dr. John P. Graf, Indianapolis, and "Experiences with Curare," by Drs. German P. Dillon Jr. and Frederick M. Williams, Louisville. "The Anesthetic Management of Patients with Mitral Stenosis" will be presented by Dr. William S. Derrick, Boston.

MICHIGAN

Wayne County Society Schedule.—The Wayne County Medical Society announces the following schedule of Monday night meetings:

Oct. 6, Maxwell Finland, Boston, Present Status of Antibiotic Therapy.
Nov. 3, Frank A. Evans, Pittsburgh, The Subject of Obesity Comes Up Again.
Dec. 1, Ralph A. Reis, Chicago, The Sins of Pelvic Surgery.
Jan. 12, 1953, Henry W. Brosin, Pittsburgh, Psychotherapy for the General Practitioner.
Feb. 2, William S. Middleton, Madison, Wis., Beaumont Lecture.
March 2, Frederick A. Coller, Ann Arbor, Elective Surgery After Sixty.
April 6, Edward L. Bortz, Philadelphia, Geriatrics.
May 4, Annual Meeting.

MISSISSIPPI

Personal.—Members of the state medical education board recently paid tribute to Dr. James Grant Thompson, Jackson, member of the board during the past year by virtue of his office as president of the Mississippi State Medical Association.

Dr. Little Honored.—At a recent meeting of the Half-Century ICRR Club at the Palmer House in Chicago, Dr. William L. Little of Wesson was awarded a gold plaque on becoming a 50 year veteran with the Illinois Central Railroad System in the capacity of local physician. Dr. Little is a past president of the Mississippi State Medical Association. He and Mrs. Little will celebrate their 60th wedding anniversary on Sept. 28.

Physicians are invited to send to this department items of news of general interest, for example, those relating to society activities, new hospitals, education and public health. Programs should be received at least three weeks before the date of meeting.

MISSOURI

Cancer Lecture.—The Ellis Fischel State Cancer Hospital, Columbia, in conjunction with the Division of Health of the State of Missouri and Missouri Division of the American Cancer Society, will present a lecture on "Experimental and Applied Cancer Chemotherapy" by Dr. Alfred A. Gellhorn, director of the Institute of Cancer Research, Columbia University College of Physicians and Surgeons, New York, at the Daniel Boone Hotel in Columbia, Oct. 4, at 7:30 p. m. The lecture will be preceded by a dinner. Physicians are invited. Requests for reservations should be addressed to the hospital.

NEBRASKA

Meeting of General Practitioners.—The Nebraska Chapter of the American Academy of General Practice will hold a scientific meeting Sept. 27 at the Hotel Pawnee, North Platte. Members of the Nebraska State Medical Association and their wives are invited. There will be a noon luncheon with entertainment for the ladies and a joint banquet, addressed by Dr. James Perry Tollman, dean, University of Nebraska College of Medicine, Omaha. The program includes:

Treatment of Hyperthyroidism, William M. McConahey, Rochester, Minn.
Endocrinology in Pediatrics, Alvin B. Hayles, Rochester, Minn.
Problems in Allergy, George H. Misko, Lincoln.
Proctology in Office Practice, Louis E. Moon, Omaha.
Management of Diabetes, John R. Kleyla, Omaha.

NEW YORK

Eighth District Meeting.—The Eighth District Branch of the Medical Society of the State of New York will hold its annual session at Genesee Memorial Hospital, Batavia, Oct. 16. The speakers will be as follows:

Marvin L. Bloom, Buffalo, Changing Concepts and Practices in Hematology.
Ray Fletcher Farquharson, Toronto, Canada, Diagnosis and Treatment of Jaundice.
John D. Stewart, Buffalo, Surgery of the Aged.
Charles E. Sherwood, Rochester, N. Y., X-Ray Moving Pictures at the University of Rochester School of Medicine and Dentistry.

New York City

Tumor Conference.—Harlem Hospital will hold its monthly Tumor Clinic Conference at 10:45 a. m., Oct. 15, in the Women's Pavilion (137th St. entrance). Dr. Victor F. Marshall, director, department of urology, James Buchanan Brady Foundation, New York Hospital, will speak on "Carcinoma of the Prostate."

Hospital News.—Mount Sinai Hospital announces that the clinicopathological conferences by Drs. Paul Klemperer and Alexander B. Gutman will be resumed Oct. 22 at 3:30 p. m. and that the medical grand rounds by Dr. Alexander B. Gutman and staff will be resumed Oct. 24 at 3 p. m. Meetings will be held in the Blumenthal Auditorium of the hospital (entrance on Fifth Ave. at 99th St. through the hospital gardens) and will convene weekly at the same time.

OHIO

Personal.—Dr. William J. Krech, instructor in the department of otolaryngology at Ohio State University, Columbus, has been awarded the William E. Lower prize by the Frank E. Bunts Educational Institute of Cleveland Clinic.

Radiological Health Courses.—The Public Health Service is sponsoring radiological health courses to be given at the Environmental Health Center at Cincinnati as follows:

Basic Courses, Oct. 6-17, 1952; Jan. 19-30, 1953; April 20 to May 1.
Intermediate Courses, Oct. 20-31, 1952; Feb. 2-13, 1953; May 4-15.
Advanced Course, Feb. 16-24, 1953.

The primary objective of these courses is to assist health department employees and key personnel and other governmental or private organizations in understanding the hazards and problems related to x-rays, radioelements, neutron fluxes, and particle accelerators. Classes are open to qualified applicants; there is no tuition. Information can be obtained from the Chief, Radiological Health Training Section, Public Health Service, Environmental Health Center, 1014 Broadway, Cincinnati 2.

PENNSYLVANIA

State Medical Meeting in Philadelphia.—The annual session of the Medical Society of the State of Pennsylvania will be held in Convention Hall, Philadelphia, Sept. 29 to Oct. 2, under the presidency of Dr. Louis W. Jones, Wilkes-Barre. Out-of-state speakers include:

E. Perry McCullagh, Cleveland, Advances in Endocrinology.
Hans Selye, Montreal, Canada, Adaptation Syndrome.
Chester S. Keefer, Boston, Antibiotics Yesterday and Today.
Abraham H. Aaron, Buffalo, Intractable Peptic Ulcer.
Alvan L. Barach, New York, Newer Concepts on the Management of Emphysema.
Frederic W. Bancroft, New York, Differential Diagnosis and Treatment of Common Surgical Emergencies.
Elliott P. Joslin, Boston, Diabetic Coma.
Robert D. Taylor, Cleveland, Medical Management of Hypertension.
Reginald H. Smithwick, Boston, Results of Surgical Treatment of Hypertension.
Reed M. Nesbit, Ann Arbor, Mich., Problems Relating to the Recognition of Hydronephrosis in Everyday Medical Practice.
Edgar A. Hines Jr., Rochester, Minn., Medical Treatment of Occlusive Arterial Diseases.
Stewart G. Wolf Jr., Oklahoma City, Management of Constipation and Diarrhea.

Several of these speakers will also participate in panel discussions. On Monday there will be a panel on "Use and Abuse of Drugs" from 3:20 to 5 p. m. Tuesday at 9 a. m. there will be a symposium on "Nontuberculous Diseases of the Lung" and at 10:40 a. m. a panel discussion on "Differential Diagnosis and Treatment of Common Surgical Emergencies." There will be panel discussions Wednesday (3:20 to 5 p. m.) on "Treatment of Heart Disease and Hypertension" and Thursday (10:40 a. m. to 12 noon) on "Treatment of Diseases of the Gastrointestinal Tract."

A collection of 100 health posters gathered from 60 foreign countries will be exhibited. The Philadelphia Division of the American Cancer Society will show motion pictures on cancer in Room 101 on Tuesday and Wednesday from 11:45 a. m. to 1:15 p. m. On Monday the annual state dinner will be held in the ballroom of the Bellevue-Stratford Hotel, with Dr. Walter F. Donaldson, Pittsburgh, as guest of honor. One of the Benjamin Rush awards, presented each year to Pennsylvania's lay person and the lay organization making the outstanding contributions to the health of the citizens of the commonwealth, will be given to Mr. Leigh Mitchell Hodges of Doylestown, whose column "The Optimist" appears in the *Philadelphia Evening Bulletin*. His contribution to the health of Pennsylvanians has been "his continued drive in his column, books, and lectures, to aid tuberculosis victims through Christmas seals." The other award will be presented to the Polio Parents Club of Delaware County, composed of persons who have had the disease themselves or whose children have had it, and which "aims to improve the morale of victims and families of polio." The president's reception and dance will be at the Bellevue-Stratford Hotel Tuesday at 10 p. m., and on Wednesday evening, medical school alumni dinners will be held as follows: University of Pennsylvania, Hotel Warwick, 6 p. m.; Jefferson Medical College, Hotel Barclay, 6:30 p. m.; Hahnemann Medical College and Hospital, Benjamin Franklin Hotel, 6:30 p. m.; Temple University, Hotel Barclay, 7 p. m.; and University of Pittsburgh, Bellevue-Stratford, 6:30 p. m.

WEST VIRGINIA

Personals.—Dr. Jacob C. Huffman, Buckhannon, was elected president of the West Virginia chapter of the Medical College of Virginia Alumni at the annual session in White Sulphur Springs, July 24.——Dr. William B. Rossman, Charleston, has resigned as part-time director of the bureau of mental health of the state department of health.

State Medical Election.—At the annual meeting in White Sulphur Springs, July 24-26, the West Virginia State Medical Association elected Dr. James Sybert Klumpp, Huntington, president; Dr. James P. McMullen, Wellsburg, first vice-president; and Dr. Seigle W. Parks, Fairmont, second vice-president. Dr. Thomas Maxfield Barber, Charleston, was re-elected treasurer for his 26th consecutive term. The next annual meeting will be held July 23-25, 1953, at the Greenbrier in White Sulphur Springs.

GENERAL

Papers for Annual Meeting of Allergists.—The American Academy of Allergy announces that abstracts of papers for its annual meeting, which will be held in Boston on Feb. 26-28, 1953, should be sent in quadruplicate to Dr. Walter S. Burrage at the Academy headquarters, 208 E. Wisconsin Ave., Milwaukee 2, before Oct. 15. Abstracts should not exceed 200 words. Completed papers may be submitted to the editor of the *Journal of Allergy* before the meeting, and all papers read at the meeting must be submitted for publication.

National Science Foundation Fellowships.—The second graduate fellowship program of the National Science Foundation, providing awards for study during the 1953-1954 academic year in the mathematical, physical, medical, biological, and engineering sciences, will get under way in October. The majority of awards will be made to graduate students seeking master's or doctor's degrees in science, although a limited number of awards will be made to postdoctoral graduates. Candidates will be judged on their scientific aptitude and achievement as reflected in academic records and recommendations from persons who are familiar with their scientific aptitude. Predoctoral applicants will take an examination designed to measure scientific promise and level of advancement.

Application forms for the 1953-1954 academic year may be obtained after Oct. 1 from the National Science Foundation, Washington, D. C. Completed applications must be returned to the Fellowship Office, National Research Council, by Jan. 5, 1953.

The special examination for predoctoral candidates will be given at various places throughout the United States, Jan. 31, 1953. No awards will be made for study in clinical medicine, although awards will be made to medical students interested in careers in medical research. NSF graduate fellows may attend any accredited nonprofit institution of higher education in the United States or similar institutions abroad. Stipends for graduate fellowships will vary. First year fellows (students entering graduate school for the first time or those who have had less than one year of graduate study) will receive $1,400. Fellows who need one final academic year of training for the doctor's degree will receive $1,800, and fellows between these groups will receive $1,600. The basic stipend for postdoctoral fellows will be $3,400 a year. Dependency allowances will be made to married fellows. Tuition and laboratory fees and limited travel allowances will also be provided.

Annual Meeting of Military Surgeons.—The 59th annual meeting of the Association of Military Surgeons of the United States will be held at the Statler Hotel, Washington, D. C., Nov. 17-19, under the presidency of Major Gen. Harry G. Armstrong, Surgeon General of the Air Force. President Truman has been invited to address the banquet, Nov. 19. Reserve officers of the medical services of the Army, Navy, and Air Force may earn one point credit for retirement for each day of attendance at the scientific sessions for a period of two hours or more. Dr. George M. Lyon, of the Veterans Administration, chairman, Scientific Exhibits Committee, has scheduled technical displays depicting advances in military medicine. The scientific program will open with a definition and analysis of the various military professional fields. On the second day, Brig. Gen. William L. Wilson, of the Federal Civil Defense Administration, will discuss "The Relation of Civil Defense to Military Medicine." Dr. Howard A. Rusk, New York, chairman, Health Resources Advisory Committee, will speak Wednesday morning on "The Utilization of Federal Professional Personnel." A symposium on "Report to the Reserves" is also scheduled for Wednesday. The principal speakers will be Dr. Melvin A. Casberg, St. Louis, chairman, Armed Forces Medical Policy Council; Rear Adm. William K. Phillips, Office of the Chief of Naval Operations; and Major Gen. Bernard M. McFadyen, deputy assistant chief of staff, G-1, Department of the Army. A question and answer period will follow. On the final afternoon, Dr. Louis H. Bauer, Hempstead, N. Y., President of the American Medical Association and secretary-general of the World Medical Association, will be the principal speaker at the medical section panel. The guest speaker at the dental section panel will be Otto W. Brandhorst, D.D.S., St. Louis, president of the American Dental Association, whose subject will be "Some Problems Confronting the Dental Profession." Nurses, dietitians, physiotherapists, and occupational therapists will conduct a joint panel on interdisciplinary collaboration in hospital planning. Brig. Gen. James A. McCallam, chief, Veterinary Division, Office of the Surgeon General, and president-elect of the American Veterinary Medical Association, will preside at the veterinary section panel. The medical service corps section panel will be devoted to the role of officers of this corps in military medical research and development.

Prevalence of Poliomyelitis.—According to the National Office of Vital Statistics, the following number of reported cases of poliomyelitis occurred in the United States, its territories, and possessions in the weeks ended as indicated:

Area	Sept. 6, 1952	Aug. 30, 1952	Sept. 8, 1951
New England States			
Maine	10	14	6
New Hampshire	5	3	4
Vermont	..	3	1
Massachusetts	40	59	21
Rhode Island	7	7	3
Connecticut	32	32	20
Middle Atlantic States			
New York	154	192	128
New Jersey	61	54	43
Pennsylvania	130	89	89
East North Central States			
Ohio	156	208	102
Indiana	112	82	22
Illinois	202	274	106
Michigan	275	286	130
Wisconsin	108	183	106
West North Central States			
Minnesota	283	281	45
Iowa	241	286	31
Missouri	139	66	33
North Dakota	20	21	4
South Dakota	39	55	5
Nebraska	211	177	28
Kansas	162	110	84
South Atlantic States			
Delaware	12	9	..
Maryland	7	12	13
District of Columbia	19	13	7
Virginia	58	52	14
West Virginia	54	43	23
North Carolina	34	34	16
South Carolina	16	2	2
Georgia	28	25	43
Florida	30	8	8
East South Central States			
Kentucky	124	120	27
Tennessee	55	27	63
Alabama	25	7	33
Mississippi	31	15	22
West South Central States			
Arkansas	25	20	27
Louisiana	12	20	100
Oklahoma	95	63	44
Texas	195	163	73
Mountain States			
Montana	16	11	6
Idaho	11	30	10
Wyoming	3	4	13
Colorado	48	28	92
New Mexico	29	39	6
Arizona	14	10	22
Utah	4	16	14
Nevada	2	..	2
Pacific States			
Washington	102	90	20
Oregon	32	26	12
California	166	155	117
Territories and Possessions			
Alaska	..	..	1
Hawaii	3	4	1
Puerto Rico	..	1	1
Total	3,827	3,565	1,873

FOREIGN

Viennese Course in Therapy.—The Viennese Medical Academy for postgraduate education will give an international postgraduate course, "Progress in Therapy," Oct. 13-18. Among the topics to be discussed will be heart disease, hypertension, renal diseases, bacteriostatic therapy of tuberculosis, venous thrombosis, acute abdominal disorders, hormone therapy, antibiotics, hemangiomas, injuries of small bones and joints, gonorrheal vulvovaginitis in children, leukorrhea, gynecologic hemorrhages, obesity in childhood, diet and reducing, depression states, neuritis, and mistakes in physical therapy. Inquiries regarding registration and accommodations should be made at the Secretariat of the Academy, Alserstrasse 4, Vienna 9, Austria.

V 19

DEATHS

Crowell, Lester Avant Sr. ✦ Lincolnton, N. C.; born in Lincoln County, Oct. 17, 1867; Baltimore Medical College, 1892; member of the Southeastern Surgical Congress; fellow of the American College of Surgeons; founder and first president of the Catawba Valley Medical Society and Lincoln County Medical Society; president of the North Carolina Medical Society, 1929-1930; member of the board of medical examiners from 1920 to 1926; director of North Carolina Insane Asylum in Morganton; in 1907 founder of the Lincoln Hospital, which in 1936 changed its name to Gordon Crowell Memorial Hospital, where he was president and treasurer since 1907 and chief surgeon, and where he died May 29, aged 84, of surgical shock following cholecystectomy.

Andrews, Robert Wesley ✦ Poughkeepsie, N. Y.; Albany (N. Y.) Medical College, 1898; Associate Fellow of the American Medical Association; fellow of the American College of Surgeons; veteran of the Spanish-American War; consulting surgeon at Harlem Valley State Hospital in Wingdale, St. Francis Hospital, Hudson River State Hospital, and Vassar Brothers Hospital, where he died May 28, aged 82, of arteriosclerosis.

Barringer, Hiram Roy ✦ Westhampton Beach, N. Y.; University of the City of New York Medical Department, New York, 1894; formerly health officer of Canandaigua; died June 7, aged 80, of carcinoma.

Blachly, Arthur Trew ✦ Portland, Ore.; University of Colorado School of Medicine, Denver, 1904; died in the Veterans Administration Hospital in American Lake April 4, aged 73, of portal cirrhosis of the liver and bronchial pneumonia.

Brown, Earl Henderson Jr. ✦ Tucson, Ariz.; University of Pennsylvania School of Medicine, Philadelphia, 1927; specialist certified by the American Board of Otolaryngology; member of the American Academy of Ophthalmology and Otolaryngology; fellow of the American College of Surgeons; affiliated with Tucson Medical Center, Pima County General Hospital, and St. Mary's Hospital and Sanatorium, where he died June 8, aged 49, of cerebral hemorrhage.

Curley, Cornelius Clifford, Lynn, Mass.; Georgetown University School of Medicine, Washington, D. C., 1937; on the staffs of Lynn Hospital and Union Hospital; died June 25, aged 41.

DeArmit, Lillian ✦ Tallahassee, Fla.; Boston University School of Medicine, 1926; member of the Medical Society of the State of New York; formerly assistant school medical inspector in the medical inspection bureau of the New York State Education Department in Albany; died June 7, aged 64.

Diess, William Charles ✦ Sharpsburg, Pa.; University of Pittsburgh School of Medicine, 1906; for many years school physician; during World War II was a draft board medical examiner; served during World War I; died June 25, aged 70.

Dodd, Harry Lee, Auburn, N. Y.; Hahnemann Medical College and Hospital of Philadelphia, 1889; died May 31, aged 86, of arteriosclerotic heart disease.

Fleeter, Meyer Aaron, Brooklyn; Tufts College Medical School, Boston, 1915; on the staff of Kings County Hospital; died in Jewish Hospital April 21, aged 65.

Fuller, Melvin Herrin, Gloversville, N. Y.; Syracuse University College of Medicine, 1893; died May 18, aged 82, of heart disease.

Herring, John Hansell ✦ Memphis, Tenn.; Memphis (Tenn.) Hospital Medical College, 1913; member of the Radiological Society of North America; served during World War I; on the staffs of Baptist and Gartly-Ramsay hospitals; died June 3, aged 62, of coronary heart disease.

Jack, Louis Foster, Haverford, Pa.; University of Pennsylvania Department of Medicine, Philadelphia, 1884; also a dentist; died June 12, aged 89.

✦ Indicates Member of the American Medical Association.

Krone, Henry Jr., Hamilton, Ohio; Miami Medical College, Cincinnati, 1901; died May 8, aged 71, of coronary occlusion.

Lehrer, Herman M. ✦ New York; Medizinische Fakultät der Universität, Vienna, Austria, 1935; died April 2, aged 45.

Lohrmann, Henry, Indianapolis; Jefferson Medical College of Philadelphia, 1900; died June 9, aged 81, of arteriosclerosis and diabetes mellitus.

McClintic, Clifton Forest ✦ Williamsburg, W. Va.; University of Cincinnati College of Medicine, 1919; member of the Association for Research in Nervous and Mental Diseases; in addition to teaching positions in various medical schools, served in the state legislature and was warden at the state penitentiary; served during World War I; state health commissioner from 1941 until 1943; in 1948 appointed conservation commissioner, serving until March, 1952; died June 6, aged 67, of heart disease.

Meisenhelder, Edmund Webster ✦ York, Pa.; Johns Hopkins University School of Medicine, Baltimore, 1902; fellow of the American College of Surgeons; affiliated with York City Hospital; consulting surgeon, Gettysburg Hospital in Gettysburg; in 1936 received honorary degree of doctor of science from Gettysburg College in Gettysburg; died April 25, aged 75, of congestive heart failure.

Montgomery, Henry L. ✦ Gravelly, Ark.; Arkansas Industrial University Medical Department, Little Rock, 1894; past president of the Yell County Medical Society; died May 17, aged 84, of heart disease.

Parizo, Harry Lester ✦ Waterville, Maine; University of Vermont College of Medicine, Burlington, 1912; died April 10, aged 62, of cirrhosis of the liver.

Parker, Wilbur Bird, Los Angeles; College of Physicians and Surgeons, Los Angeles, 1915; specialist certified by the American Board of Urology; member of the American Urological Association; affiliated with Los Angeles County Hospital, Receiving Hospital, and California Hospital; died May 26, aged 63, of cirrhosis of the liver.

Phillips, William W. ✦ Roswell, N. Mex.; Western Reserve University Medical Department, Cleveland, 1898; died May 30, aged 81, of gastric ulcer.

Reiners, Charles Robert ✦ Huntingdon, Pa.; University of Pennsylvania School of Medicine, Philadelphia, 1913; member of the American Society of Clinical Pathologists; died May 9, aged 61.

Rowland, Albert, Akron, Ohio; University of Michigan Department of Medicine and Surgery, Ann Arbor, 1900; also a graduate in pharmacy; for many years affiliated with People's Hospital, where he died June 26, aged 82, of acute coronary occlusion.

Thompson, John Andrew ✦ Pine Apple, Ala.; University of Arkansas School of Medicine, Little Rock, 1931; died May 23, aged 57, of a heart attack.

Ware, Martin W. ✦ New York; College of Physicians and Surgeons, medical department of Columbia College, New York, 1892; fellow of the American College of Surgeons; consultant to College of the City of New York Athletic Team, and in 1941 was awarded an alumni service medal, which cited him as "volunteer surgeon to the Athletes of C. C. N. Y."; affiliated with Mount Sinai Hospital, where he died May 3, aged 82, of Parkinson's disease.

White, Grosvenor ✦ Scarsdale, N. Y.; Columbia University College of Physicians and Surgeons, New York, 1927; certified by the National Board of Medical Examiners; medical director of St. Christopher's School in Dobbs Ferry; consulting pediatrician at the Cardinal McCloskey Home in White Plains; director of pediatrics and president of the medical board, St. Agnes Hospital in White Plains, where he died June 6, aged 51, of acute coronary thrombosis.

FOREIGN LETTERS

BRAZIL

Chromoblastomycosis.—Five cases of chromoblastomycosis (dermatitis verrucosa) in the lower limbs were reported by Dr. Roberto Farina, director of the department of plastic surgery in the Faculdade de Medicina de São Paulo, in the dermatological service of Prof. Aguir Pupo. All the patients were treated surgically, by ample removal of the lesions with the aponeurotic plane as the limit. The resulting loss of substance was repaired with a free skin graft placed directly over the aponeurotic plane. The opinion of Dr. Farina was that when the possibility of a relapse is present, one should apply joint treatment with iodates, repeating the surgical treatment in that eventuality. As the disease is a chromoparasitic dermatitis, he thinks that the dermatological chart is not complete enough for a diagnosis. It is necessary to make: (*a*) a direct search for the parasite in matter withdrawn from the lesions, (*b*) an examination of the culture that would permit the classification of the fungus, and (*c*) histopathological examination when other tests have failed.

Allergic Diseases.—Leukocyte counts are an aid in distinguishing allergic diseases, according to Dr. Orlando Henrique da França; however, they do not help to identify allergens. Dr. França has studied 150 cases of allergic manifestations: 50 with dermatitis, 34 with urticaria and edema, 23 with rhinitis, 19 with bronchitis, 6 with migraine, 5 with several skin lesions, 2 with glossitis and cheilitis, 1 with conjunctivitis, and 1 with an undiagnosed ophthalmic lesion. Feces examinations were performed on all patients to determine the relationship between helminthiasis and eosinophilia. Dr. França found a higher percentage of eosinophilia among persons without helminths than among those with helminthiasis. The chief leukocytic alterations in allergic diseases are eosinophilia (58%), neutropenia (58%), and leukopenia (48%). According to Dr. França's observations, only 11 patients, or 7.33%, had none of the three leukocytic alterations mentioned.

LONDON

Care of the Aged.—The National Old People's Welfare Committee is a voluntary organization that aims at the "coordination of the many services which voluntary organizations and statutory bodies can now provide for old people and in particular the fostering of partnership between voluntary organizations and local authorities and with one another, so that no time is lost in parallel schemes or gaps overlooked for lack of concerted planning." The recently published report of the committee, covering the period October, 1950, to March, 1952, shows that 40 national voluntary organizations are represented on the committee, in addition to representatives of official local authority organizations. Linked with the national committee are 12 regional, 49 county, and 831 local old persons' welfare committees. One of the major geriatric problems at the moment is the care of aged infirm persons. The position has been partly eased by the King Edward's Hospital Fund for London, which has opened a number of homes that are designed to take old persons out of a hospital when they no longer need specialized medical care, thus freeing beds for those who ought to be admitted to a hospital; but attempts to find a workable method of defining responsibility for the care of those who are too frail for residential homes and not sufficiently acutely ill to be eligible for a hospital bed remain unsuccessful.

Several local committees have initiated a "sitters-up service," or "night attendance service," for old persons who are ill at home and require attention by night as well as by day. This service supplements the home help and home nursing services provided by the local authority, which is seldom able to supply an attendant during the night. An interesting experiment has been initiated by two local committees for providing laundry services for old persons who are ill in bed in their own homes. The service is provided by a home for old persons, and 9 lb. of washing is done for a charge of 1s.6d. Many committees are providing a chiropody service for old persons. This has to be paid for from voluntary sources, as the Ministry of Health will not accept responsibility for it unless the treatment is prescribed by a hospital or physician. Another experiment makes use of the school meals service for the provision of meals for old persons in their own homes or in clubs for them. This procedure has been authorized by the Minister of Education, provided it does not interfere with the service of meals to schoolchildren, does not involve the local education authority in any extra expense, and gives voluntary organizations full responsibility for the distribution of the meals to old persons. It is considered that this should prove of great value in areas where there are not enough old persons requiring this help to justify the setting up of a special "meals on wheels" service.

The importance of the problem of the employment of older persons has now been officially recognized, and in the earlier part of the year the Minister of Labor and National Insurance set up a national advisory committee for the employment of older men and women. Much thought has been given to the problem of housing, and reference is made to an experiment carried out by one borough council, which not only provided suitable houses for old persons but also freed larger houses, which could be occupied by younger persons with families. This consisted of the building of 34 cottages for old persons. Of the tenants of these cottages, 6 left houses with six rooms, 11 left houses with five rooms, 11 left houses with four rooms, and 4 left houses with three rooms. Attention has also been given to the problem of families living in large blocks of flats, and it is recommended that, in order to prevent the feeling of loneliness and isolation from which old persons tend to suffer, a certain proportion of flats in every big block of flats should be allotted to old persons.

PARIS

Human Experimentation in Medicine.—Experimentation on human beings as practiced in concentration camps in the last war has been criticized in Nurenberg Court and by medical associations. Albert Buisson, perpetual secretary to the Academy of Moral and Political Sciences, discusses this experimentation, which constituted a form of torture under the cover of a false science: "If the minute profit accruing to Science is put in regard of the immense sufferings of thousands of human beings, it may be stated, without the least hesitation, that these experiments were not only useless, but also that they were degrading for those performing them." Dr. A. Gude, chief of the Army's central laboratory for bacteriology, in an article on infectious disease, shows the difficulties involved in passing from experimentation on animals to that on man and stresses that no written law can ever provide a strict ruling on human experimentation. The knowledge given to physicians increases their value as scientists and constitutes the ultimate justification of the experimenter's act. But, even then, the scientist ought to know the penalties he might incur in case of failure of an imprudent or hazardous experiment; thus, he will, himself, draw the limit over which his experiment would become a crime. H. Péquignot, physician of the Paris Hospitals, considers the problem from another point of view, stressing that, if it be true that therapeu-

The items in these letters are contributed by regular correspondents in the various foreign countries.

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tists are experimenters on the human being, they are not the only ones to perform such experiments; a member of Parliament, yielding to demagogism, will, in good faith, take the defense of a quack who is making a medical experiment and many patients may die as a result. Members of Parliament who vote on a law authorizing the sale of certain aperients are making medical experiments, which might result in an elevation in mortality due to cirrhosis and in morbidity due to alcoholic psychosis. Even a father who has his child vaccinated against smallpox one year too late thus increases the chances of vaccinal encephalitis; he has, then, made an experiment on his child. But, these experiments are not on the same level and are considered different by the public; moreover, those experimenters who are not physicians are certain that they do not experiment and, therefore, believe that they are not responsible. This is the reason why the failure of insulin therapy or of a total gastrectomy is severely criticized, while the deaths and infirmities due to the negligence and inconsiderate actions of nonphysician persons are forgotten. It must be borne in mind that true experimentation may lead to results of value for science, while the unapparent and unconscionable one will never produce anything of any value. It is therefore necessary to allow only experimentation that will involve the responsibility of an experienced scientist and limit the possible dangers.

SWEDEN

Duration of the Immunity Conferred by BCG.—At a meeting of Scandinavian school medical officers in Stockholm last summer, Dr. Herbert Enell gave an account of a follow-up examination of schoolchildren vaccinated with BCG. His work has now been published in *Svenska Läkartidningen* for May 9 and is fully documented by various tables and charts. His investigations were prompted by the senior school medical officer of Stockholm, Dr. U. Hjärne, and were started in spring, 1950. They dealt with 4,000 schoolchildren who were treated with tuberculin, a negative or a doubtfully positive Moro plaster test being followed by a Mantoux test with 1 mg. of tuberculin. The schoolchildren were classified in four groups according to whether they were spontaneously tuberculin-positive, BCG-positive, BCG-negative, or tuberculin-negative and not vaccinated with BCG. It may be noted in passing that, from the time voluntary BCG vaccination was introduced in 1945 into the schools of Stockholm up to the summer of 1951, some 40,000 children were vaccinated.

The main objectives of this follow-up examination were to compare the tuberculosis morbidities among the schoolchildren vaccinated and those not vaccinated with BCG and to ascertain how long and to what extent the tuberculin allergy provoked by BCG lasts. It was found that from seven to eight years after BCG vaccination approximately 90% of the schoolchildren were still positive reactors to an extent indicating relatively effective immunity. This finding suggests that vaccination in the youngest school class need not be repeated during the school term. Among the 325 children who were spontaneously tuberculin-positive there were 168 who presented clinical evidence of tuberculosis. Among the children not vaccinated with BCG there were 43, or 5.1%, in whom clinical tuberculosis developed after starting school, whereas among the BCG-vaccinated children there were only 5, or 0.16%, in whom it developed. It is suggested that it would be well to vaccinate children even before they begin school, for it was found that 24% of the spontaneously tuberculin-positive schoolchildren became so during their first year in school, an observation pointing to a relatively great risk of infection during the first school year.

New Head of the Public Health Service.—When Dr. Axel Höjer retired earlier this year from his post as head of the Swedish Public Health Service, it was feared in some quarters that the choice of his successor might be influenced by political considerations and that a layman would be preferred to a physician, but a physician with a reputation among his colleagues for a level-headed and independent outlook was chosen. He is Dr. Arthur Engel, who was born in 1900 and already has a long and mixed experience of public health administration behind him, particularly in connection with the Army Medical Service, hospital construction, and pharmacy. He also has a reputation as both a clinician and a research worker, having published some 50 articles on various subjects, such as endocrinology and hematology.

TURKEY

Tuberculosis Campaign Week.—Throughout the country Anti-tuberculosis Week is observed during the last seven days of the year. Broadcasts are given on the Ankara, Istanbul, and Izmir radio stations, and lectures are presented with films and posters in schools. Slogans are suspended across the principal streets and platforms of railway stations; theaters show films on prevention and treatment of tuberculosis; contributions are solicited; new clinics are opened; and hospitals for tuberculosis patients are dedicated. Under the direction of Ord. Prof. Tevfik Saglam, president of Istanbul Society for the Prevention of Tuberculosis, the scope of the work at the 14 city tuberculosis dispensaries is expanding and the establishment of 6 more dispensaries is planned for this year. Voluntary contributions and a 10% tax on places of amusements, which nets about 300,000 Turkish pounds a year, support the dispensaries.

During the last year in Istanbul 18,263 women, 17,779 men, and 4,066 children were examined; 11,354 radiographic examinations, 79,608 radioscopies, and 32,925 BCG tests were made; and 11,045 families and 30,628 persons were visited in their homes. Dr. Etienne Berthet, tuberculosis consultant to the World Health Organization, gave a lecture at Istanbul University in which he pointed out that of the university's 10,000 students given x-ray and radiographic examinations during the summer of 1951 203, or 21 per 1,000, were susceptible to tuberculosis and were in need of treatment, and that of 94,000 students in 16 universities in France the rate was 7 per 1,000. The high tuberculosis rate among Istanbul University students Dr. Berthet ascribes to the high cost of living, insufficient nourishment, and fatigue.

Until recently Turkey's greatest public health problem was malaria, which has almost come under control. Now the greatest problem is tuberculosis of which there are nearly 40,000 deaths annually. It is estimated that about 300,000 persons have tuberculosis. During the last two years 517,632 BCG tests have been made in 21 of 63 provinces, and at the dispensaries of the Istanbul Society for the Prevention of Tuberculosis 179,389 physical and radiological examinations were given. Tuberculosis vaccination and mass microfilm examination centers are to be opened this year in other provinces. The 1952 program of the Ministry of Health and Social Assistance provides for more preventoriums and beds for tuberculosis patients.

Increase in Physicians and Specialists.—In 1929, the Ministry of Health and Social Assistance determined and announced the branches of medical specialities. As a result of an amendment a new 18 paragraph regulation was prepared and published in 1947. Of the more than 5,600 physicians 2,167 were specialists. Today, of the approximately 8,000 physicians, 3,032 are specialists of whom 732 are in government service and 2,300 are in private practice. The opening in 1945 of the second medical school at Ankara University is mainly responsible for this increase. There are 832 specialists in internal medicine, 480 in general surgery, 314 in gynecology and obstetrics, 200 in bacteriology, parasitology, and infectious diseases, 170 in medical and biologic chemistry, 169 in pediatrics, 167 in ophthalmology, 137 in dermatology and venereal diseases, 130 in nervous and mental diseases, 124 in radiology, 121 in otorhinolaryngology, 77 in urology, 36 in pathology, 32 in legal medicine, 21 in physical therapy, 11 in general hygiene, 8 in public health, 2 in phthisiology, and 1 in orthopedics.

CORRESPONDENCE

AMERICAN MEDICAL ASSOCIATION OF VIENNA

To the Editor:—Perhaps you may remember the former American Medical Association of Vienna, which existed here from 1904 to 1940. Over 11,800 American physicians attended postgraduate courses given in English here from 1921 until 1938, and no doubt most of these same physicians are now members of your organization.

In 1950, the University of Vienna Medical Faculty voted to reorganize the traditional postgraduate courses. To obviate prevailing confusion and perhaps eventual antagonism, it was decided that the name A. M. A. of Vienna be changed, in deference to the American Medical Association, to A. M. S.

Several of the former members of the A. M. A. of Vienna have written to us protesting that the academy's arbitrary procedure has deprived them of their paid-up "life membership" of the American Medical Association of Vienna. These letters have arrived in such numbers, especially from former officers, that we have decided to make retribution to all the former members and send them a life-membership card gratis. Unfortunately, however, many of the files and records of the A. M. A. were either confiscated or destroyed during the war and we do not have complete records and addresses of all the former U. S. members. All the former members of the A. M. A. of Vienna can obtain new life membership cards of the A. M. S. by presentation of their old cards and their present address.

Dr. M. Arthur Kline
The American Medical Society of Vienna
C/O Vienna Academy of Medicine
Vienna IX, Alserstrasse 4, Austria

ACUTE URINARY RETENTION AS A COMPLICATION OF PREGNANCY

To the Editor:—The contribution of Drs. Maxwell Spring and Jesse J. Hymes under the above caption (*J. A. M. A.* **149:**1011 [July 12] 1952) is an interesting discussion of a matter pertinent to a bladder dysfunction complicating a retroverted pregnant uterus; however, some of the introductory statements are misleading. In the first place Smellie's contributions on obstetrics were not publicized in 1876; the first editions of his works appeared in 1752—the Sydenham Society merely reproduced them in 1876.

The association of urinary retention with incarcerated retroverted pregnant uteri was a relatively common occurrence in the past, especially among women who had no maternity care. Today, inspired by the activities of the American Committee on Maternal Welfare, Inc., with the multiplicity of associated state, county, and local cooperating organizations, the medical profession and the great mass of the laity have acquired a startling "obstetric conscience"; a priori, in these times the fact of retroversion will be discovered and corrected before serious complications have supervened.

The word complete is a relativity in this connection. There may be absolute retention, though more commonly there is an incontinence of retention, characterized by a frequent urge to micturate or by an involuntary seepage of urine. The physicians of the previous generation had the following explicit precepts to guide them when they attended a woman with a massive retention of urine: 1. The bladder shall almost never be rapidly emptied lest a critical collapse supervene. 2. A catheter of small caliber shall always be used. 3. For marked overdistention there shall be a fractional removal of the urine, so that the bladder wall may recover its tone. It may be pertinent to repeat a report of a case in my experience, which was recorded almost a half century ago.

A woman was admitted in the late evening with rhythmic pains of considerable intensity. A large symmetrical ovoid tumor filled the abdomen, and she asserted she frequently "dribbled" urine. She stated that she was about three months pregnant. The intern, new to the service, as vehemently insisted she was in labor at term. In the morning my examination corroborated her statement as to the duration of her pregnancy, but she had an incarcerated retroverted uterus. At once 200 cc. of urine was removed by catheter, and this was repeated every four hours. By the next morning there was but slight diminution in the size of the "tumor." Thereafter, at two hour intervals somewhat more urine was withdrawn, until the bladder was emptied and the tumor had entirely disappeared. Attempts to replace the inverted uterus by taxis were unsuccessful. Then a De Ribes bag was placed in the vagina, the former being distended with mercury. This procedure failed. Laparotomy was scheduled for the next morning, as it was feared the patient's uterus was restrained by adhesions. Prior to administration of the anesthetic, another vaginal examination was made, and fortunately spontaneous rectification had occurred.

Rudolph W. Holmes, M.D.
1647 Oxford Rd.
Charlottesville, Va.

INFECTION FROM ANESTHETIZING APPARATUS

To the Editor:—As a former bacteriologist and now as an anesthetist, I cannot allow the original article by Dr. J. Mehsen Joseph, which appeared in The Journal, July 26, 1952, page 1196, "Disease Transmission by Inefficiently Sanitized Anesthetizing Apparatus," to remain unanswered. Numerous physicians, after reading the article, have assumed that the suggestions made, if followed, would solve a problem of which we are all cognizant.

The intent of the article is well taken; that is, upper respiratory disease can be transmitted via the rebreathing apparatus, and probably this does happen frequently, but exception is taken to the inference that, by rinsing the rebreathing tubes and the rebreathing bag with commercial sterilizing agent, the transfer of disease-producing micro-organisms can be stopped. No mention is made of sterilizing the soda lime tower or of discarding the soda lime after each case, which would have to be done; otherwise, the micro-organisms that remained in the soda lime or the tower would be blown back and forth into the tubing and into the rebreathing bag at the start of the next operation. With the present day construction of soda lime canisters (towers) this would be extremely difficult or next to impossible from both a practical and a financial viewpoint. The rebreathing valves and connections used are of a complex design.

In regard to the use of an organic commercial sterilizing agent on the rubber equipment, I am assuming that the author intends to rinse the face mask also. Other organic agents have been used in the past by myself and other anesthesiologists, with care given to remove all the organic agent from the rubber afterward. These masks, when used, then caused a contact dermatitis of the face and edema and irritation of the conjunctiva of the eyes. What effect such agents would have on the respiratory mucosa one can only surmise. I, for one, would not care to learn by experience.

The author lists the organisms found in the tubing, most of which, if not all, can be found frequently in the mouth and the respiratory flora without the person carrying these organisms showing any signs or symptoms of disease. Considering the author's references, one might suggest that the anesthetic itself alters the lining of the respiratory tract so as to allow the organisms that are dormant preoperatively to become virulent, disease-producing agents postanesthetically. This hypothesis has been proposed by many persons in the past and can be found in literature. The need for more work on the subject of sterilizing anesthesia apparatus is recognized.

Virgil P. Goodman, M.D.
Anesthesia Associates
St. Joseph Hospital
Lexington, Ky.

MEDICAL MOTION PICTURES

Rice and Health: 16 mm., color, sound, showing time 10 minutes. Produced in 1951 by Kenco Films for and procurable on purchase ($50.00) from Williams-Waterman Fund, Research Corporation, 405 Lexington Ave., New York.

Consisting largely of scenes taken in most of the rice-eating countries of Asia, this film shows how vitamin and mineral deficient white rice leads to deficiency diseases in regions where there is a high daily intake of rice and an insufficient supplemental diet. Examples of the effects of beriberi on humans among persons who eat white rice are shown, as well as highlights of the Bataan experiment, where rice fortification resulted in virtual eradication of beriberi among 90,000 Filipinos. The benevolent influences of proper cooking, undermilling, and fortification of rice and the use of supplementary foods are presented. The film is scientifically accurate, and, although it is not a story of beriberi, it includes enough information on that subject to give the reason for rice enrichment.

This picture will be of interest to health officers in rice-eating countries and to the natives of those countries, provided the narration is in their languages. It will be of interest to health officers, public health students, and the general public in this country as an informational film. The photography and narration are very well done.

COUNCIL ON MEDICAL EDUCATION AND HOSPITALS

SCHEDULE FOR MATCHING PLAN FOR INTERNSHIPS

In the Annual Report on Internships and Residencies published in this issue, reference is made to the Matching Plan for Internship Appointments as sponsored by the National Interassociation Committee on Internships. The schedule of dates for the operation of the plan for this year is given below.

1. Oct. 6, 1952. Students return signed agreements to participate in plan.

2. July 31, 1952. Hospitals and federal services return signed agreements to participate.

3. October, 1952. Hospital directory published, containing the number of internships offered, and the description, at each participating hospital. Student directory published containing name and medical school of each participating student.

4. Oct. 1, 1952-Jan. 26, 1953. Period for students to make application for internships to hospitals and for medical schools to send hospitals letters of recommendation and credentials for their seniors. The student should file a copy of his application with the dean's office, as well as one directly with the hospital. The office of the dean will send this copy of the student application to the hospital at the time he submits the student's credentials and the recommendations.

5. Oct. 1, 1952-Dec. 10, 1952. The deans may send letters of recommendation to the hospitals at any time after Oct. 1, 1952, but insofar as possible letters should be sent by Dec. 10, 1952, so that the hospitals may have this information when the students are interviewed.

6. Feb. 2, 1953. Closing date for receipt at central office of student and hospital confidential rank order lists. The student list should be submitted as early as the senior has definitely decided about the exact rank order of the hospitals.

7. Feb. 16, 1953. Confidential student list is confirmed to student. Confidential hospital list is confirmed to hospital.

8. Feb. 23, 1953. Closing date for accepting (in Chicago) corrections to student or hospital confidential rank order lists.

9. Feb. 24, 1953. Matching operation begins.

10. March 14, 1953. Results of the matching plan are mailed from Chicago to students and to hospitals.

11. March 16, 1953. Results are given to students by Deans. Hospitals announce results.

12. March 16-25, 1953. Hospitals send contracts to matched students and students sign and return the contracts.

Note: For the plan to follow this schedule, all participating individuals and hospitals must adhere to dates given above.

BUREAU OF LEGAL MEDICINE AND LEGISLATION

MEDICOLEGAL ABSTRACTS

Charitable Hospitals: Liability for Nurse's Negligence.—The plaintiff sued to recover damages for personal injuries that she alleged were due to the negligence of the defendant hospital. From a judgment overruling a demurrer that the plaintiff filed to the defendant's answer, the plaintiff appealed to the Supreme Court of North Carolina.

The plaintiff alleged that she was aged, feeble, in ill health, and physically unable to take care of herself; that she was admitted to defendant's hospital as a patient; that her condition was so obvious that the defendant knew, or should have known, that it was necessary to place guard rails or other protective devices around her bed to keep her from falling; that this is the usual custom in such cases; that the defendant negligently failed to provide the plaintiff with such protection; and that as a result she fell from the bed and received serious and permanent injuries to her hip. The defendant alleged that it is a nonstock, nonprofit corporation operated as a charitable institution, and the plaintiff demurred to this answer on the ground that the facts alleged do not constitute a valid defense or render the defendant immune from liability for its own negligence.

Decisions in the various jurisdictions on the question of liability of charitable hospitals for the results of its negligence and the negligence of its employees evidence much contrariety of opinion, said the Supreme Court. Even so, the doctrine of liability of such corporations as adopted and applied in this jurisdiction is settled by a uniform line of decisions. In a prior case, the Supreme Court of this state said "We prefer to adopt the middle course, which exempts (charitable corporations) from liability for the negligence of employes and requires the exercise of ordinary care in selecting them, as more consonant with authority and with the purposes for which such institutions are established. . . . In the application of this principle, the distinction between the negligent act of the employe and the negligence of the corporate body in selecting employees must be kept steadily in view, as it is only the latter which creates liability." It follows, said the Supreme Court, that in the light of the allegations of negligence contained in the complaint, the new matter alleged in the answer is germane and material. The doctrine followed in this jurisdiction clearly exempts an eleemosynary hospital from liability for the negligence of its servants, who have been selected with due care, in the care and treatment of those who have accepted the benefits of its charity. Accordingly, the decision of the trial court overruling the plaintiff's demurrer to the defendant's answer is affirmed. *Williams v. Union County Hospital Association, 67 S. E. (2d) 662 (North Carolina 1951).*

MEDICAL LITERATURE ABSTRACTS

UNITED STATES

A.M.A. Am. Journal Diseases Child., Chicago

83:719-838 (June) 1952

Growth of Individual's Concept of Self: Theory and Some Pediatric Considerations. B. Zuger.—p. 719.
Direct-Writing Heart-Sound Recorder (The Sonvelograph). R. F. Rushmer, R. S. Bark and R. M. Ellis.—p. 733.
Variability in Detection and Interpretation of Heart Murmurs: Comparison of Auscultation and Stethography. R. F. Rushmer, D. R. Sparkman, R. F. L. Polley and others.—p. 740.
*Childhood Pneumonia, Common Cause of Bronchopulmonary Disease: Importance of Prophylaxis and Adequate Therapy. W. Finke.—p. 755.
*Treatment of Hemophilus Influenzae Meningitis: Comparison of Aureomycin Alone Versus Aureomycin, Streptomycin, and Gantrisin.® M. H. Lepper, P. F. Wehrle and N. Blatt.—p. 763.

Pneumonia and Bronchopulmonary Disease in Childhood.—According to Finke current treatment of childhood pneumonia controls the acute phase of this illness in most instances, and immediate complications have become rare. However, bronchopulmonary disease, a frequent aftermath of childhood pneumonia, is not prevented by the current antibacterial treatment. Certain respiratory disorders have a tendency to recur after treatment with antibiotics. Surveys conducted in Rochester, N. Y., during the past three years revealed a high incidence of recurrent bronchitis, disabling sore throat, and similar illnesses. It is this type of recurrent respiratory sickness that often precedes suppurative bronchopulmonary disease. Its common complication, bronchiectasis, alone is estimated to represent about 5% of all diseases in childhood. Pneumonia has been known to play an important role in the evolution of this condition. Of 176 children with frequent and prolonged respiratory illness, more than half had had pneumonia. In the majority of cases the clinical and roentgenologic findings indicated an advanced stage of bronchopulmonary infection. Bronchographic studies in 18 children revealed definite bronchiectasis in 7 and doubtful bronchiectasis in 8. Most of these children had been treated with sulfonamides, penicillin, aureomycin, or chloramphenicol (chloromycetin®) during pneumonia or other severe respiratory illnesses. The author feels that the present method of treating pneumonia does not stress complete cures sufficiently. Of 224 children consecutively hospitalized for primary pneumonia between 1946 and 1950, the majority were treated with antibiotics and/or sulfonamides for from one to seven days. On discharge from the hospital, 26.8% of the whole group had clinical signs of incompletely resolved pneumonia. Roentgenographic reexamination in 48 children revealed residual disease in about one-half of them. Of the 224 children, 22.9% returned to the outpatient department within these four years because of recurrent and persistent respiratory illnesses. An additional 12.1% had to be rehospitalized, the majority for subsequent attacks of pneumonia. The potentially chronic character of childhood pneumonia should be considered, and treatment should be continued long enough to insure complete cure. Early and effective treatment of respiratory infections that often pave the way for pneumonia is equally important.

Antibiotics and Sulfisoxazole in Hemophilus Influenzae Meningitis.—Eighteen patients with meningitis due to Hemophilus influenzae have been treated with aureomycin alone and 14 with a combination of aureomycin, streptomycin, and sulfisoxazole (gantrisin®). None of these patients died. When aureomycin was used in doses of 50 mg. per kilogram of body weight every 24 hours intravenously, results were as good as when the combination was used, as far as duration of fever, pleocytosis spinalis, and complications are concerned. In two patients penicillin in doses of 1,000,000 units intramuscularly every two hours was used with success. One patient, not in these series, who had the encephalitic form of the disease, died in spite of treatment with aureomycin, penicillin, and sulfisoxazole. Three patients with subdural effusions were successfully treated by repeated aspiration. It is concluded that aureomycin used alone is a successful form of therapy in meningitis due to H. influenzae, and that there is no advantage in using streptomycin and sulfisoxazole in addition.

American Journal of Medicine, New York

12:619-752 (June) 1952

*Indications for Commissurotomy in Mitral Stenosis. O. H. Janton, R. P. Glover and T. J. E. O'Neill.—p. 621.
Clinical Observations in Patients Undergoing Finger Fracture Mitral Valvuloplasty: I. Auscultatory Changes. R. J. Spiegl, J. B. Long and L. Dexter.—p. 626.
Id.: II. Electrocardiographic Observations. R. J. Spiegl, J. B. Long and L. Dexter.—p. 631.
Modifications of Pulmonary Circulation in Mitral Stenosis. D. S. Lukas and C. T. Dotter.—p. 639.
Slit-Kymographic Evidence That Nitroglycerine Decreases Heart Volume and Stroke Volume, While Increasing Amplitude of Ballistocardiographic Waves. J. L. Brandt, A. Caccese and W. Dock.—p. 650.
Renal Function During Emotional Diuresis. B. E. Miles, H. E. de Wardener and R. R. McSwiney.—p. 659.
Forced High Caloric, Low Protein Diet and Treatment of Uremia. W. J. Kolff.—p. 667.
Treatment of Peripheral Arterial Obliterative Diseases and Their Complications by Arterial Infusions of Histamine. I. Mufson.—p. 680.

Indications for Commissurotomy in Mitral Stenosis.—The authors performed commissurotomy in over 400 cases of mitral stenosis during the past four years. The mortality rate in the entire series, which included many far advanced cases, was about 10%; it was under 5% in cases treated at a fairly early or moderately advanced stage. Seventy-eight per cent of the patients obtained "clinical cures" or were so greatly improved as to return to almost normal activity; 12% remained unimproved. Once fatigue and exertional dyspnea become manifest, the patient should be evaluated for surgical intervention. The older the patient the more rigid should be the criteria of selection. The valvular lesion ideally suited for commissurotomy is a "pure" mitral stenosis. When associated with other valvular malformations, mitral stenosis must be the predominant lesion if commissurotomy is to be considered. The electrocardiogram frequently aids in determining the candidacy of patients having more than one valve defect. Evidence of right ventricular enlargement indicates that the predominant lesion is mitral stenosis. Left axis shift indicates that other factors are present, and necessitates careful reevaluation. The better the functional capacity of the patient the better the chances for successful commissurotomy. Active rheumatic fever or subacute bacterial endocarditis are absolute contraindications to cardiac surgery.

American Journal of Orthopsychiatry, New York

22:223-444 (April) 1952. **Partial Index**

Principles and Techniques in Integration of Psychiatric Services in Juvenile Court with Community Youth Program. H. B. Peck.—p. 277.
Social Structure and Interaction Processes on Psychiatric Ward. W. Caudill, F. C. Redlich, H. R. Gilmore and E. B. Brody.—p. 314.
Body Image of Schizophrenic Children Following Electroshock Therapy. L. Bender and W. R. Keeler.—p. 335.
Perceptual Development and Drawings of Children. J. E. Bell.—p. 386.
Group Factors in Promoting School Children's Mental Health. S. Scheidlinger.—p. 394.

Periodicals on file in the Library of the American Medical Association may be borrowed by members of the Association or its student organization and by individual subscribers, provided they reside in continental United States or Canada. Requests for periodicals should be addressed "Library, American Medical Association." Periodical files cover only the last 11 years, and no photoduplication services are available. No charge is made to members, but the fee for other borrowers is 15 cents in stamps for each item. Only three periodicals may be borrowed at one time, and they must not be kept longer than five days. Periodicals published by the American Medical Association are not available for lending but can be supplied on purchase order. Reprints as a rule are the property of authors and can be obtained for permanent possession only from them.

Titles marked with an asterisk (*) are abstracted.

American Review of Tuberculosis, New York

65:655-804 (June) 1952

Cellular Reactions to Phthienoic Acid and Related Branched-Chain Acids. H. Husseini and S. Elberg.—p. 655.
Recrudescence in Early Phthisis: Study of Post-Mortem and Lobectomy Specimens. W. Pagel.—p. 673.
Observations on Effect of Amithiozone (Tibione) in Selected Tuberculous Pulmonary Lesions. W. G. Childress, J. W. Norman, R. H. Ott Jr. and D. M. Spain.—p. 692.
Fluorescence Microscopy in Examination of Smears for Mycobacterium Tuberculosis. M. M. Wilson.—p. 709.
Antituberculous Activity in Mice of Triton A-20, Nonionic Alkyl-Aryl Polyether Alcohol, Used Alone and in Combination with Dihydrostreptomycin. M. Solotorovsky and F. J. Gregory.—p. 718.
Enzymatic Reactions of Mycobacterium Tuberculosis and Action of Streptomycin. H. J. Corper and V. D. James.—p. 722.
*Tuberculosis and Sickle-Cell Anemia. W. Weiss and S. O. Waife.—p. 735.

Tuberculosis and Sickle Cell Anemia.—The belief that patients with sickle cell anemia often die of respiratory infections, especially tuberculosis, is based on clinical impression and so far has not been substantiated by statistical analysis. Weiss and Waife studied the incidence of tuberculosis by comparing the postmortem findings in Negroes with sickle cell anemia with those in Negroes who had shown no evidence of sickle cell anemia during life. The presence and types of tuberculosis and the presence of fibrous pleural adhesions as an index of past inflammation (specific or nonspecific) were noted. It was found that Negroes with sickle cell anemia have a higher incidence of pleuropulmonary inflammatory disease, as evidenced by a high incidence of pleural adhesions and a higher incidence of the various forms of tuberculosis, than Negroes without sickle cell anemia. The authors offer several explanations of why tuberculosis is commoner in Negroes who have sickle cell anemia than in those who do not.

Annals of Allergy, Minneapolis

10:245-396 (May-June) 1952

*Masked and Pseudo-Asthma. M. A. Green.—p. 245.
Constant Percentage Increment of Antigen Dosage for Desensitization in Allergic Diseases. J. C. Small and J. C. Small Jr.—p. 253.
Drug Allergy—Clinical and Immunological Aspects. S. M. Feinberg.—p. 260.
Study in Pathogenesis and Classification of Dermatologic Penicillin Reactions. W. A. Reyer.—p. 270.
Mechanisms of Penicillin Reaction. J. S. Goltman.—p. 278.
Regional Factors in Allergy. L. H. Criep and M. L. Hammond.—p. 282.
Allergy from the Otolaryngologist's Viewpoint. F. D. Droege.—p. 288.
Thiamine Intolerance. S. H. Jaros, A. L. Wnuck and E. J. deBeer.—p. 291.
Self-Inflicted, Food-Induced Allergic Illness. W. Kaufman.—p. 308.
Effect of Thephorin upon Primary Dysmenorrhea. A. L. Maietta.—p. 324.
Phenergan Hydrochloride—New Antihistamine: Clinical Report. N. E. Silbert.—p. 328.
Orthoxine in Bronchial Asthma. H. D. Ogden and L. Cullick.—p. 335.
Myocardial Changes Precipitated by Hypersensitivity to Acetylsalicylic Acid. E. Perchuk.—p. 339.

Masked and Pseudo-Asthma.—The diagnosis of bronchial asthma is usually easy, but the allergist must be on his guard to detect nonasthmatic cases of wheezing or to identify unusual complications occurring in the course of true bronchial asthma. Green reports on two such cases. One patient, 21, had wheezing respirations for five years that were thought to be due to bronchial asthma, but were ultimately found to be caused by a large papillomatous endotracheal tumor. If such possibilities are not kept in mind, these symptoms may masquerade as bronchial asthma for years until the underlying pathological process has progressed to the stage of incurability. The other patient reported on by Green had a long history of true bronchial asthma that was suddenly complicated and masked by spontaneous pneumothorax. The author discusses the differential diagnosis and management of this rare complication.

Kansas Medical Society Journal, Topeka

53:217-272 (May) 1952

Gangrenous Intussusception. H. H. Hesser, C. L. Young and F. Speer.—p. 217.
Low Salt Syndrome in Congestive Heart Failure. S. Zelman.—p. 219.
Ophthalmoscopic Evaluation of Hypertensive Patient. F. M. Wilson.—p. 225.
Control of Postoperative Pain in Anorectal Surgery. C. C. Tucker.—p. 230.

New Orleans Medical and Surgical Journal

104:427-472 (May) 1952

Hazards of Ethyl Chloride Anesthesia. J. Adriani and O. Bush.—p. 427.
Acute Abdominal Emergencies in Children. H. R. Kahle.—p. 429.
Frequency and Geographic Distribution of Multiple Sclerosis, with Special Reference to New Orleans, Louisiana. L. T. Kurland, H. Bancroft and T. L. L. Soniat.—p. 445.
Renal Angiography: Smith-Evans Translumbar Technic. B. M. Harvard.—p. 454.
Pitfalls in Dermatology. G. Gaethe and D. F. Mullins Jr.—p. 457.
Problem of the Constitutional Psychopath with Criminal Tendencies and Necessity of More Flexible Laws Governing Expert Testimony in Such Cases. E. M. Robards.—p. 460.

Psychiatric Quarterly, Utica, N. Y.

26:1-148 [Part 1 (Supplement)] 1952. **Partial Index**

New Method of Using Finger Faintings. W. S. Wille.—p. 1.
Observations Made During Group Therapy. C. Beukenkamp Jr.—p. 22.
Attitudes of College Students and Penitentiary Inmates Toward Death and Future Life. C. L. Stacey and K. Markin.—p. 27.
Psychological Effects of Prefrontal Leukotomy on Schizophrenics. E. E. Swartzlander.—p. 33.
Environmental Treatment of Psychosis. A. J. Enelow.—p. 44.
Problems in the Use of Psychotherapy. O. Pelzman.—p. 53.
Finger-Painting as Aid in Personality Evaluation of 44 Adult Hospitalized Mentally Ill Patients. G. M. Campbell and I. Gold.—p. 59.
Preliminary Report of Introduction of Group Psychotherapy on a Chronic Ward in a Mental Hospital. G. P. Willner.—p. 86.

Virginia Medical Monthly, Richmond

79:293-350 (June) 1952

Report of 1951 Rabies Outbreak—Richmond, Virginia. Staff of the Department of Public Health, City of Richmond.—p. 295.
Use of Cation Resins in Treatment of Edema. J. E. Wood Jr., D. Ferguson and P. Lowrance.—p. 300.
*Primary Carcinoma of Liver. W. T. Thompson Jr. and W. H. Higgins Jr.—p. 305.
Management of Chronic Cor Pulmonale with Failure. R. B. Gahagan and J. R. Beckwith.—p. 310.

Primary Carcinoma of Liver.—While the liver is frequently invaded by metastatic tumor, primary carcinoma of the liver is rare. Nevertheless, it occurs often enough to be important, especially in the differential diagnosis of obscure abdominal disease. In this paper 38 cases collected at several Virginia Hospitals are analyzed. Twenty-five of the patients were men and 13 were women. There were 26 cases of hepatoma, 11 of cholangioma, and 1 of cholangiohepatoma. The hypothetical patient with primary carcinoma of the liver is usually a man around 60 with a three to six month history of indigestion, dyspepsia, and gradually developing upper abdominal pain who finally consults his physician because of pain, upper abdominal mass, weight loss, or jaundice. His appetite has diminished. His abdomen has become distended. As a rule his liver is easily palpated, and nodules may be felt. Laboratory studies may show liver damage, anemia, and leukocytosis. He fails to respond to transfusions, high protein diet, and other supplementary measures and dies some 3 to 10 months after his symptoms began. The diagnosis of primary carcinoma of the liver was suspected in only two cases in this series, which indicates that it is not considered in differential diagnosis as frequently as it should be, even though it can be established definitely only by biopsy or autopsy. The cases observed by these authors fit well into the four classical groups suggested by Ewing: 1. No symptoms are detected, and the patient dies suddenly from hemorrhage or after an illness of several days. 2. Latent carcinoma is found, and the patient succumbs to cirrhosis or other diseases. 3. The usual history of cirrhosis terminates rapidly with hepatic tumor, jaundice, ascites and cachexia. 4. The usual history of a malignant tumor, indicating from the first involvement of the liver, develops in previously healthy patients. Groups 1 and 2 cannot be suspected clinically, but it is important that the diagnosis be made more frequently and earlier in groups 3 and 4 if the patient is to have a chance for effective treatment. The authors feel that at least the patients in group 4 should have the benefit of surgical exploration in that they might have a nonmalignant condition amenable to surgery, or that they might have a single hepatoma nodule that can be removed. The authors are unable to support this statement by the course of any patient in their series, but Wallace collected 29 cases of hepatomas treated by resection in which five patients lived two years, three lived three years, and four lived for more than five years.

FOREIGN

Revista Clínica Española, Madrid

44:223-292 (Feb. 29) 1952. **Partial Index**

*Neutralization of Biochemical Effects of Nephrectomy by Renal Extracts. C. Jiménez Díaz and H. Castro-Mendoza.—p. 228.
Exudative Pericarditis and Its Treatment. F. De A. Estape.—p. 239.
Present Evaluation of Treatment of Pneumococcic Meningitis by Antibiotics. A. F. Alves García.—p. 252.

Neutralization of Effects of Nephrectomy.—The authors show that the life of nephrectomized dogs can be prolonged by administration of purified kidney extracts. These extracts prevent the lipemia, hyperproteinemia, and increase in capillary permeability that usually follow nephrectomy, but do not reduce the elevated blood urea and potassium levels. They do appear to increase the tolerance to these high levels, however. It is postulated that intact renal parenchyma contains a substance that neutralizes the metabolic effects of excretory insufficiency. This may explain why patients with acute urinary obstructions and relatively normal kidney parenchyma tolerate higher nonprotein nitrogen levels than patients with chronic kidney disease involving partial destruction of renal parenchyma. The renal extracts used by the authors are well tolerated by man.

Schweizerische medizinische Wochenschrift, Basel

828:513-536 (May 10) 1952. **Partial Index**

Psychiatric Clinical Investigations on Selye's Theory of Adaptation. H. Binswagner.—p. 513.
Purpose of Production of Lactic Acid During Muscular Exertion. K. Lenggenhager.—p. 520.
Distribution of Radioactive Colloidal Gold in Organism. A. Herve and J. Closon.—p. 522.
*Determination of Life Span of Eosinophilic Granulocytes. A. F. Esseltier and K. F. Wagner.—p. 526.
Negative Specific Dynamic Protein Action: Clinical Investigations. H. P. Häusler.—p. 528.

Life Span of Eosinophilic Granulocytes.—When eosinopenia is produced by administration of corticotropin to persons with marked blood eosinophilia, it can be observed that eosinopenia occurs again after a definite interval. This seems to be due to destruction of the cells that have been formed in increased numbers during the regenerative phase, and the phenomenon is therefore designated as an "equalizing eosinopenia." A method for determination of the life span of granulocytes is based on this phenomenon. Studies carried on by the authors suggest that the total life span of the eosinophils is about six days, whereas the life span of the circulating eosinophils is only about two days.

Semaine des Hôpitaux de Paris

28:1371-1420 (May 2) 1952. **Partial Index**

Value of Cortisone in Treatment of Infectious Endocarditis with Negative Blood Cultures. E. Donzelot, H. Kaufmann and Y. Castel.—p. 1371.
*New Data on Antibiotic Treatment of Subacute Infectious Endocarditis. E. Donzelot, H. Kaufmann and M. Montouchet.—p. 1374.
Vectorcardiographic Method. H. Kaufmann.—p. 1377.
Acute Pericarditis of Undetermined Origin. E. Donzelot, Y. Castel and R. Husson.—p. 1386.
Acute Cor Pulmonale. E. Donzelot, P. Nogrette, J. Laham and Y. Castel.—p. 1394.

Antibiotic Treatment of Subacute Infectious Endocarditis.—Optimum treatment of bacterial endocarditis depends on finding the antibiotic with the greatest bactericidal action on the causative organisms. Bacteriostasis is not sufficient, because, although the symptoms may be ameliorated by the treatment, its discontinuance is followed by recurrence. Efforts have been made to explain such recurrences as due to persistence of bacteria in infected vegetations or various foci (dental, uteroadnexal, splenic, etc.) and attempts at therapy have included dental extractions, hysterectomy, and even splenectomy. Foci of this kind may sometimes be responsible, but recurrence is due in most cases to use of an antibiotic that is merely bacteriostatic. This explains the large number of false cures following aureomycin. Differentiation between the bacteriostatic and bactericidal action of the various antibiotics requires complicated laboratory tests and must usually be reserved for serious cases. The use of antibiotics in combination also requires study: in some cases, antibiotics reinforce each other when combined; in others, they are less effective in combination than when used alone. This is especially true of the combination of penicillin and aureomycin; penicillin and streptomycin, on the contrary, are an excellent combination for use in bacterial endocarditis caused by enterococci. The complexity of these studies is increased by the necessity of trying various concentrations of the drugs; the best dose is not always the largest. The effect of penicillin, in particular, sometimes diminishes as the quantity given increases; the daily dose should not exceed 50 million units. Investigation into all these factors cannot be carried out before treatment is begun, nor can they be made in every case. A practical procedure is to identify the organism responsible (usually a Streptococcus) and ascertain the effect on it of various antibiotics in vitro. If it is particularly susceptible to a given antibiotic, this antibiotic is used as the basis of treatment. When the infection is caused by an enterococcus, perfusion with penicillin (30 to 50 million units daily) combined with streptomycin is instituted at once. Only when the initial treatment proves unsuccessful is a complete study undertaken to determine the effect on the bacterium of various antibiotics in vitro. This study often leads to the discovery of a combination with effective bactericidal action that results in unexpected cures.

Transactions Royal Soc. Trop. Med. and Hyg., London

46:213-370 (May) 1952. **Partial Index**

SYMPOSIUM ON INSECTICIDES

Place of Insecticides in Tropical Medicine: Introduction. P. A. Buxton.—p. 216.
Objectives of Residual Insecticide Campaigns. G. Macdonald.—p. 227.
Physical Factors Affecting Efficiency of Insecticides. A. B. Hadaway and F. Barlow.—p. 236.
Newer Insecticides in Relation to Pests of Medical Importance. J. R. Busvine.—p. 245.
Resistance of Insects to Insecticides. C. M. Harrison.—p. 255.
Action of Some Synthetic Insecticides on Mammals. J. M. Barnes.—p. 264.
Plea for Standardization of Experimental Work on Residual Insecticides. R. C. Muirhead-Thomson, R. M. Gordon and T. H. Davey.—p. 271.
Study of Human Malaria Oocysts as Aid to Species Diagnosis. P. G. Shute and M. Maryon.—p. 275.
Chemotherapeutic and Other Studies on Pre-Erythrocytic Forms of Simian Malaria (Plasmodium Cynomolgi). F. Hawking and J. P. Thurston.—p. 293.
Further Research on Filariasis in Fiji (Study of Host-Parasite Relationships, with Special Reference to Status of the Pacific Filaria, Wuchereria Pacifica). P. Manson-Bahr and W. J. Muggleton.—p. 301.

Wiener Zeitschrift für innere Medizin, Vienna

33:169-208 (May) 1952. **Partial Index**

Demonstration of a New Blood Coagulating Factor: Factor VII. A. Loeliger.—p. 169.
Importance of Cobalt and Its Compounds. H. Fleischhacker and H. Dittrich.—p. 180.
Periodically Relapsing Toxoplasmosis in Adults. K. Drexler.—p. 195.
*Cardiac Infarct in the Aged. A. Kiss and L. Slapak.—p. 200.

Cardiac Infarct in Aged Persons.—Diseases differ in their symptomatology in patients of various age groups. This is true of cardiac infarct as well as of pneumonia and appendicitis. In reviewing their records on patients with coronary thrombosis and myocardial infarct, the authors found that about one-fourth of new myocardial infarcts occurred in patients over 65. The lack of subjective symptoms or the occurrence of atypical symptoms is responsible for the fact that myocardial infarct is at times not recognized in elderly persons. Increased temperature, leukocytosis, and pericarditis are much less frequent than in younger persons. Reduction in blood pressure, however, is a fairly constant symptom even at advanced ages. In elderly diabetic patients a coronary thrombosis may lead to diabetic coma that proves refractory to treatment. The possibility of a cardiac infarct should be considered oftener in obscure disorders in the aged, and electrocardiographic records should be made in order to verify this diagnosis. Statistics reveal that post-thrombotic spontaneous rupture of the heart, although rare in the younger age groups, is comparatively frequent in the aged. Since cicatrization is retarded in aged patients with cardiac infarct, they require longer bed rest than younger patients.

BOOK REVIEWS

The Toxemias of Pregnancy. By William J. Dieckmann, S.B., M.D., Mary Campau Ryerson Professor, University of Chicago, Chicago. Second edition. Cloth. $14.50. Pp. 710, with 86 illustrations. C. V. Mosby Company, 3207 Washington Blvd., St. Louis 3, 1952.

This edition, which appears 11 years after the first one, has been completely rewritten to include data concerning the progress that has been made in the knowledge of the toxemias of pregnancy. The book is divided into six sections: (1) history, classification, incidence, and pathology, (2) normal and abnormal physiology, (3) etiology, (4) clinical aspects, (5) treatment, and (6) maternal and fetal prognosis and prenatal care. Dieckmann uses a classification that is a slight modification of the one proposed by the American Committee on Maternal Welfare. From 1931 to 1950, the incidence of the various types among 5,459 cases at the Chicago Lying-in Hospital was as follows: preeclampsia 44.5%, eclampsia 2.2%, hypertensive disease 52.2%, and glomerulonephritis 1.1%; however, the author states that, even though he has been interested in the study of the toxemias of pregnancy for 28 years, his diagnoses as to type have not always been correct, especially if made during the hospital period. In regard to hormone therapy of the toxemias, Dieckmann claims that none of the authors with published reports of hormone studies have followed patients long enough after delivery to confirm their diagnosis of the kind of toxemia. A nutrition study at the Chicago Lying-in Hospital indicates that diet has not caused a significant decrease in the incidence of preeclampsia, but the author does not believe that nutrition has been eliminated as a cause of preeclampsia. The author tries to treat all toxemia patients by medical means until labor begins spontaneously or the cervix is "ripe" to such a degree that delivery will occur in 24 hours or less after rupture of the membranes. Cesarean section was used in 15% of the eclamptic patients. There were 0.24% maternal deaths for 5,459 toxemia patients.

An enormous amount of literature has been reviewed and the data incorporated in the book. Therefore, there is an extensive list of references at the end of most of the chapters. There are numerous charts and illustrations throughout the book. Dieckmann is to be congratulated on having prepared such an excellent successor to his first edition. The publishers also have done their share well. The type is distinct; most of the illustrations have been clearly reproduced; and the paper is sturdy. This book is a complete reference on toxemias of pregnancy.

Die Klinik der tuberkulose Erwachsener. Von Professor Dr. Alfred Frisch, Vorstand der II. medizinischen Abteilung des Wilhelminenspitales in Wien. Mit einem Beitrag: Die pathologische Anatomie der Tuberkulose. Von Professor Dr. Richard Wiesner. Cloth. $11.40. Pp. 415, with 154 illustrations. Springer-Verlag, Mölkerbastei 5, Wien 1, 1951.

Wilhelm Neumann's last edition of this book appeared 20 years ago, and the author concluded that a new book had to be based on the newer conceptions of tuberculosis, since the earlier teachings are now in dispute. The author also draws on three years' experiences with streptomycin and points to the addition of Wiesner's pathological-anatomic studies as a basis of clinical diagnosis. The book is presented as a guide for those interested in these studies and as a review of therapeutic possibilities and the differential diagnosis of pulmonary tuberculosis. To this end the numerous illustrations serve a good purpose. The five chapters include discussion of the pathological anatomy of tuberculosis, the course of investigation, forms of pulmonary tuberculosis, the therapy of pulmonary tuberculosis, and differential diagnosis.

This volume, which is in German, has many good features; it is well written, and the illustrations, mostly roentgenograms, are well chosen. The publisher has used a grade of paper that is consistent with durability and legibility of figures. A good reading knowledge of German is required for fluent reading.

The reviews here published have been prepared by competent authorities and do not represent the opinions of any official bodies unless specifically stated.

P-Q-R-S-T: A Guide to Electrocardiogram Interpretation. By Joseph E. F. Riseman, M.D., Clinical Associate in Medicine, Harvard Medical School, Boston. Third edition. Cloth. $4. Pp. 123, with illustrations. The Macmillan Company, 60 Fifth Ave., New York 11, 1952.

This booklet, which is "intended for the beginner to be used as a practical guide during the actual examination and interpretation of electrocardiographic tracings," has missed its purpose. In his attempt to discuss as much as possible of information on the subject in a pocket-sized book, the author has chosen the unfortunate approach of discussing standard leads, aV limb leads, lead IV, and multiple precordial leads separately, with the result that there are numerous and unnecessary repetitions. Data are presented in semitabular form, using various types of print and many symbols, which in turn require numerous footnotes for explanation. Thus, where simplicity is required from the didactic standpoint, confusion is created. The diagrammatic drawings that accompany the text do not always correspond to actual electrocardiographic patterns. The most common and important anomalies of the electrocardiogram are presented as case reports with electrocardiograms of poor technical quality. Conspicuously absent are examples of strain of the right side of the heart and of the Wolff-Parkinson-White syndrome. In view of the many recent, similarly-sized introductions to electrocardiographic interpretation available this one cannot be highly recommended to the practitioner or the student.

Vinyl and Related Polymers: Their Preparations, Properties, and Applications in Rubbers, Plastics, Fibers, and in Medical and Industrial Arts. By Calvin E. Schildknecht. Cloth. $12.50. Pp. 723, with illustrations. John Wiley & Sons, Inc., 440 Fourth Ave., New York 16; Chapman & Hall, Ltd., 37-39 Essex St., Strand, London, W.C.2, 1952.

Despite the words "medical . . . arts" in the subtitle, there is little in this excellent monograph to interest the physician. A few brief qualitative statements are made about toxicities of some of the monomers and of two types of polymers (orlon® [a new synthetic yarn] and polyisobutylenes). Several pages are devoted to methyl methacrylate dentures and to solutions of plastics as possible substitutes for blood plasma.

On the other hand, the rest of the subtitle is correct and the author has done a superb job of reviewing the world literature (patent, periodical, trade, and military), organizing his material, presenting it for the general technical reader, illustrating it, and indexing it. Many persons will be glad to have access to the trade names of so many plastics, synthetic rubbers, and synthetic fibers. The printing is excellent.

A Text-Book of Inorganic Pharmaceutical Chemistry. By Charles H. Rogers, Sc.D., Dean of College of Pharmacy and Professor of Pharmaceutical Chemistry, University of Minnesota, Minneapolis, Taito O. Soine, Ph.D., Professor of Pharmaceutical Chemistry, University of Minnesota, and Charles O. Wilson, Ph.D., Professor of Pharmaceutical Chemistry, and Chairman of Department, University of Texas, Austin. Fifth edition. Cloth. $10. Pp. 850, with 22 illustrations. Lea & Febiger, 600 S. Washington Sq., Philadelphia 6, 1952.

The issuance of new editions of the "Pharmacopeia of the United States" and the "National Formulary" has made a new edition of this classic work necessary. Despite the omission of material on obsolete methods of manufacture and of much material on organometallic compounds that do not owe their pharmacologic properties to an inorganic element, the fifth edition is 144 pages longer than the fourth. The added material includes: new pharmaceuticals, brief explanations of the methods of assaying individual drugs, more descriptions of commercial methods for their manufacture, and lengthier treatment of their chemical and pharmacologic properties. The chapter on radioactivity and radioactive elements is much longer. In it there is a useful table of stable and radioactive isotopes that have been used in tracer studies, originally published in William E. Siri's "Isotopic Tracers and Nuclear Radiations with Applications to Biology and Medicine," New York, McGraw-Hill Book Company, Inc., 1949. The style of writing, the make-up of the book, and the extensive index are excellent.

QUERIES AND MINOR NOTES

DOG BITES AND TETANUS PROPHYLAXIS

To the Editor:—*It is customary in this area for children who have been bitten by a dog to be given tetanus shots. Is this a common practice throughout the country? I have not read in the literature of any such recommendation, but I hesitate to act contrary to the prevailing local practice.*

Maryelda Rockwell, M.D., Clinton, Iowa.

Answer.—It is not customary to give routinely a tetanus prophylactic after dog bites. The possibility of the development of rabies is the important consideration, and rabies vaccine should always be given when indications for its use are present. Nevertheless, under certain circumstances, tetanus antitoxin, or, if the patient previously had been actively immunized, tetanus toxoid may be indicated in addition to the antirabies vaccine. If the wound is badly lacerated or if the rabid animal makes the attack in a barnyard or other locality favorable to tetanus, it is a good precautionary measure to give tetanus antitoxin as well as antirabies vaccine.

EXPLOSION-PROOF ELECTRICAL APPARATUS

To the Editor:—*How is electrical apparatus, such as in ether and suction apparatus, made explosion-proof, and how may such a machine be tested effectively for this quality?*

Henry D. Barker, M.D., Newport, Ore.

Answer.—An explosion-proof electrical apparatus is one in which all arc or spark producing parts are enclosed in a housing strong enough to withstand an internal explosion of the atmosphere for which the equipment is designed, with all joints in the housing machined to such tolerances that the flame of an internal explosion will be snuffed. The explosion-proof system must include all connectors and switches as well as the apparatus proper. The only way in which a non-explosion-proof apparatus can be made safe is to enclose the entire apparatus, including connectors, in a tight, mechanically ventilated enclosure, with inlet and outlet ducts away from the hazardous area. The Underwriters' Laboratory and the Factory Mutual Laboratory test equipment for explosion-proofness under various conditions and authorize its labeling for the conditions under which it is safe. It is best to buy equipment that is so labeled. No attempt should be made to do such testing individually.

WELL WATER CONTAINING EXCESSIVE NITRATES

To the Editor:—*An infant is now recovering from methemoglobinemia, a result of ingesting well water containing excessive nitrates. I find nothing in the literature indicating that well water with excessive nitrates is harmful to older children or adults. Please inform me.*

J. William Finch, M.D., Hobart, Okla.

Answer.—Although numerous observations have been published on the occurrence in infants of methemoglobinemia resulting from ingestion of well water with a high nitrate content, no literature is available on the occurrence of a similar condition in older children or in adults. Excessive nitrate ingestion by persons who have ulcerative lesions of the gastrointestinal tract may be followed by methemoglobinemia. The ingested nitrates are converted to nitrites by intestinal bacteria and, after absorption from the bowels, produce methemoglobinemia. Well water containing excessive amounts of nitrates should, consequently, not be used for drinking purposes even by older children or adults. A comprehensive review of the problem may be found in C. H. Finch's article in the *New England Journal of Medicine* (**239**:470 [Sept. 23] 1948).

The answers here published have been prepared by competent authorities. They do not, however, represent the opinions of any official bodies unless specifically stated in the reply. Anonymous communications and queries on postal cards cannot be answered. Every letter must contain the writer's name and address, but these will be omitted on request.

LOSS OF HAIR AFTER DELIVERY

To the Editor:—*Why do many women have excessive loss of hair after delivery? Please suggest remedial measures.*

M.D., California.

This inquiry was referred to two consultants, whose respective replies follow.—Ed.

Answer.—The etiology of loss of hair after delivery is obscure. Similar hair loss is noted after prolonged fever and surgical procedures and occasionally after nervous shock. Reliable specific therapy is not known. Proper attention to the general health and to the scalp itself is important. The latter involves gentle massage and shampoo at least once weekly. There are some standard tonic preparations for the hair, such as those for local application that contain sulfur, liquor carbonis detergens, mercury, and weak salicylic acid.

Answer.—The fact that women lose hair excessively following pregnancy is a normal phenomenon. The increase of estrogen during pregnancy usually leads to increased growth of tissues of ectodermal origin (skin, hair, sweat glands, and sebaceous glands) and also to increased output of these tissues, i. e., increased sweating, increased sebaceous secretion, and increased cervical mucus. It seems only natural that, following a drop in the blood level of this hormone after delivery, these functions should diminish, and they do.

WEARING A TRUSS

To the Editor:—*Is there any evidence to indicate that peripheral vascular disease may be precipitated or caused by the use of a truss for an inguinal hernia?* *M.D., Connecticut.*

Answer.—It is unlikely that arterial compression, contusion, or obliteration would be caused by a truss applied for an inguinal hernia. In a thin person, a poorly fitting, low lying truss may cause traumatic damage to a previously diseased arterial segment. For lack of more data, no definite answer can be given to such a hypothetical question. In the case of preexisting deep venous obstruction or insufficiency, a truss may occlude collateral veins.

FRESH AND STORED BLOOD

To the Editor:—*What are the differences between fresh blood and stored bank blood with regard to sodium, potassium, chloride, and proteins?*

Philip Leavitt, M.D., Brooklyn, N. Y.

Answer.— During storage of blood in sodium citrate solution, there is diffusion of potassium from the erythrocytes into the plasma. This apparently has no effect on the blood preservation. The sodium and chloride show no appreciable changes. Preserved plasma shows minor changes in albumin and in alpha, beta, and gamma globulins as well as in fibrinogen, when refrigerated up to 53 days. Although prothrombin itself does not diminish on storage, the accelerator factors necessary for the conversion of prothrombin to thrombin disappear.

AMPHETAMINE AND MILD EPILEPSY

To the Editor:—*A patient with mild epilepsy is receiving anticonvulsant therapy. She is overweight and would like to reduce. Are amphetamine preparations contraindicated?*

M.D., Massachusetts.

Answer.—The use of amphetamine has been advocated in certain seizure situations, e. g., petit mal and nocturnal convulsions. Its use in this patient would not be contraindicated.